

START HERE - Please type or print in black ink.

Part 1. Information about you.

Family Name MIR	Given Name Nabi	Middle Name Raza
Address - C/O		
Street Number and Name 94 Southgate Ct.		Apt. #
City San Jose		
State California		Zip Code 95138
Date of Birth (mm/dd/yyyy) 07/10/1970	Country of Birth: India Country of Citizenship/Nationality: India	
U.S. Social Security # -8875	A # (if any) None	
Date of Last Arrival (mm/dd/yyyy) 02/20/2004	I-94 # 07185970011	
Current USCIS Status R-1	Expires on (mm/dd/yyyy) 01/01/2007	

Part 2. Application Type. (check one)

I am applying for an adjustment to permanent resident status because:

- a. ☒ an immigrant petition giving me an immediately available immigrant visa number has been approved. (Attach a copy of the approval notice, or a relative, special immigrant juvenile or special immigrant military visa petition filed with this application that will give you an immediately available visa number, if approved.)
- b. ☐ my spouse or parent applied for adjustment of status or was granted lawful permanent residence in an immigrant visa category that allows derivative status for spouses and children.
- c. ☐ I entered as a K-1 fiancé(e) of a United States citizen whom I married within 90 days of entry, or I am the K-2 child of such a fiancé(e). (Attach a copy of the fiancé(e) petition approval notice and the marriage certificate).
- d. ☐ I was granted asylum or derivative asylum status as the spouse or child of a person granted asylum and am eligible for adjustment.
- e. ☐ I am a native or citizen of Cuba admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least one year.
- f. ☐ I am the husband, wife or minor unmarried child of a Cuban described above in (e) and am residing with that person, and was admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least one year.
- g. ☐ I have continuously resided in the United States since before January 1, 1972.
- h. ☐ Other basis of eligibility. Explain. (If additional space is needed, use a separate piece of paper.)

I am already a permanent resident and am applying to have the date I was granted permanent residence adjusted to the date I originally arrived in the United States as a nonimmigrant or parolee, or as of May 2, 1964, whichever date is later, and: (Check one)

- i. ☐ I am a native or citizen of Cuba and meet the description in (e), above.
- j. ☐ I am the husband, wife or minor unmarried child of a Cuban, and meet the description in (f), above.

FOR USCIS USE ONLY

Returned	Receipt
Resubmitted	
Reloc Sent	
Reloc Rec'd	
<input type="checkbox"/> Applicant Interviewed	

Section of Law

- ☐ Sec. 209(b), INA
☐ Sec. 13, Act of 9/11/57
☐ Sec. 245, INA
☐ Sec. 249, INA
☐ Sec. 2 Act of 11/2/66
☐ Sec. 2 Act of 11/2/66
☐ Other

Country Chargeable

Eligibility Under Sec. 245

- ☐ Approved Visa Petition
☐ Dependent of Principal Alien
☐ Special Immigrant
☐ Other

Preference

Action Block

To Be Completed by

Attorney or Representative, if any

- ☒ Fill in box if G-28 is attached to represent the applicant

VOLAG#

ATTY State License #

184749

Part 3. Processing Information

A. City/Town/Village of Birth Alipur		Current Occupation Resident Aalim [Religious Minister]	
Your Mother's First Name Sayed U Nissa		Your Father's First name Nader	
Give your name exactly how it appears on your Arrival /Departure Record (Form I-94) Mir, Nabi Raza			
Place of Last Entry Into the United States (City/State) San Francisco CA		In what status did you last enter? (Visitor, Student, exchange alien, crewman, temporary worker, without inspection, etc.) Religious Worker (R-1)	
Were you inspected by a U.S. Immigration Officer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Nonimmigrant Visa Number 44936872		Consulate Where Visa Was Issued Tokyo, Japan	
Date Visa was Issued (mm/dd/yyyy) 01/03/2002	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Have you ever before applied for permanent resident status in the U.S.? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If you checked "Yes," give date and place of filing and final disposition.			

B. List your present husband/wife, all your sons and daughters (if you have none, write "none". If additional space is needed, use separate paper).

Family Name Zahera	Given Name Syeda	Middle Gulshan	Date of Birth (mm/dd/yyyy) 12/18/1970
Country of Birth India	Relationship Wife	A # None	Applying with you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Family Name Mir	Given Name Ahmed	Middle Raza	Date of Birth (mm/dd/yyyy) 04/29/1993
Country of Birth India	Relationship Son	A # None	Applying with you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Family Name Mir	Given Name Ali	Middle Raza	Date of Birth (mm/dd/yyyy) 10/14/1994
Country of Birth India	Relationship Son	A # None	Applying with you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Family Name Mir	Given Name Abid	Middle Raza	Date of Birth (mm/dd/yyyy) 08/23/2003
Country of Birth USA	Relationship Son	A # None	Applying with you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Family Name Mir	Given Name Abbas	Middle Raza	Date of Birth (mm/dd/yyyy) 09/12/2005
Country of Birth USA	Relationship Son	A # None	Applying with you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

C. List your present and past membership in or affiliation with every political organization, association, fund, foundation, party, club, society or similar group in the United States or in other places since your 16th birthday. Include any foreign military service in this part. If none, write "none." Include the name(s) of organization(s), location(s), dates of membership from and to, and the nature of the organization(s). If additional space is needed, use a separate piece of paper.

None

Part 3. Processing Information. (Continued)

Please answer the following questions. (If your answer is "Yes" on any one of these questions, explain on a separate piece of paper. Answering "Yes" does not necessarily mean that you are not entitled to adjust status or register for permanent residence.)

1. Have you ever, in or outside the United States:
 - a. knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested? ☐ Yes ☒ No
 - b. been arrested, cited, charged, indicted, fined or imprisoned for breaking or violating any law or ordinance, excluding traffic violations? ☐ Yes ☒ No
 - c. been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action? ☐ Yes ☒ No
 - d. exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? ☐ Yes ☒ No
2. Have you received public assistance in the United States from any source, including the United States government or any state, county, city or municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future? ☐ Yes ☒ No
3. Have you ever:
 - a. within the past ten years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future? ☐ Yes ☒ No
 - b. engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? ☐ Yes ☒ No
 - c. knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the United States illegally? ☐ Yes ☒ No
 - d. illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded in the illicit trafficking of any controlled substance? ☐ Yes ☒ No
4. Have you ever engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to any person or organization that has ever engaged or conspired to engage in sabotage, kidnapping, political assassination, hijacking or any other form of terrorist activity? ☐ Yes ☒ No
5. Do you intend to engage in the United States in:
 - a. espionage? ☐ Yes ☒ No
 - b. any activity a purpose of which is opposition to, or the control or overthrow of, the government of the United States, by force, violence or other unlawful means? ☐ Yes ☒ No
 - c. any activity to violate or evade any law prohibiting the export from the United States of goods, technology or sensitive information? ☐ Yes ☒ No
6. Have you ever been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party? ☐ Yes ☒ No
7. Did you, during the period from March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist or otherwise participate in the persecution of any person because of race, religion, national origin or political opinion? ☐ Yes ☒ No
8. Have you ever engaged in genocide, or otherwise ordered, incited, assisted or otherwise participated in the killing of any person because of race, religion, nationality, ethnic origin, or political opinion? ☐ Yes ☒ No
9. Have you ever been deported from the United States, or removed from the United States at government expense, excluded within the past year, or are you now in exclusion, deportation, removal or rescission proceedings? ☐ Yes ☒ No
10. Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act for use of fraudulent documents or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the United States or any immigration benefit? ☐ Yes ☒ No
11. Have you ever left the United States to avoid being drafted into the U.S. Armed Forces? ☐ Yes ☒ No
12. Have you ever been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement and have not yet complied with that requirement or obtained a waiver? ☐ Yes ☒ No
13. Are you now withholding custody of a U.S. citizen child outside the United States from a person granted custody of the child? ☐ Yes ☒ No
14. Do you plan to practice polygamy in the United States? ☐ Yes ☒ No

Part 4. Signature. (Read the information on penalties in the instructions before completing this section. You must file this application while in the United States.)

YOUR REGISTRATION WITH THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES. "I understand and acknowledge that, under section 262 of the Immigration and Nationality Act (Act), as an alien who has been or will be in the United States for more than 30 days, I am required to register with the U.S. Citizenship and Immigration Services. I understand and acknowledge that, under section 265 of the Act, I am required to provide USCIS with my current address and written notice of any change of address within ten days of the change. I understand and acknowledge that USCIS will use the most recent address that I provide to USCIS, on any form containing these acknowledgements, for all purposes, including the service of a Notice to Appear should it be necessary for USCIS to initiate removal proceedings against me. I understand and acknowledge that if I change my address without providing written notice to USCIS, I will be held responsible for any communications sent to me at the most recent address that I provided to USCIS. I further understand and acknowledge that, if removal proceedings are initiated against me and I fail to attend any hearing, including an initial hearing based on service of the Notice to Appear at the most recent address that I provided to USCIS or as otherwise provided by law, I may be ordered removed in my absence, arrested by USCIS and removed from the United States."

SELECTIVE SERVICE REGISTRATION. The following applies to you if you are a male at least 18 years old, but not yet 26 years old, who is required to register with the Selective Service System: "I understand that my filing this adjustment of status application with the U.S. Citizenship and Immigration Services authorizes USCIS to provide certain registration information to the Selective Service System in accordance with the Military Selective Service Act. Upon USCIS acceptance of my application, I authorize USCIS to transmit to the Selective Service System my name, current address, Social Security Number, date of birth and the date I filed the application for the purpose of recording my Selective Service registration as of the filing date. If, however, USCIS does not accept my application, I further understand that, if so required, I am responsible for registering with the Selective Service by other means, provided I have not yet reached age 26."


APPLICANT'S CERTIFICATION. I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records that the U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.

Signature	Print Your Name	Date	Daytime Phone Number
	Nabi Raza MIR	04/25/07	408 205-3055

NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested document and this application may be denied.

Part 5. Signature of person preparing form if other than above. (Sign Below)

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

Signature	Print Your Name	Date	Day time Phone Number
	Zaheer Zaidi	04/25/07	(408) 942-0320
Firm Name and Address	E-mail Address (if any)		
Elia Law Firm			
4423 Fortran Ct., Suite 200A, San Jose, CA 95134			

ಮಗುವಿನ ಹಕ್ಕಿನ ಸಪಾಹ
(14-20 ನವೆಂಬರ್ 2003)

Child Rights Week
(14-20 Nov. 2003)



ಕರ್ನಾಟಕ ಸರ್ಕಾರ
Government of Karnataka

ಜನನ ಮತ್ತು ಮರಣಗಳ ಮುಖ್ಯ ರಿಜಿಸ್ಟ್ರಾರರು
Chief Registrar of Births and Deaths

ನಮೂನೆ ನಂ. 5
(8ನೇ ನಿಯಮ ನೋಡಿ)

FORM NO. 5
(See Rule 8)

ಜನನ ಪ್ರಮಾಣ ಪತ್ರ
(12/17 ನೆಯ ಪ್ರಕರಣ ಮೇರೆಗೆ ಕೊಡಲಾದ)

BIRTH CERTIFICATE
(Issued under Section 12/17)



ಈ ಕೆಳಕಂಡ ವಿವರಣೆಯನ್ನು ಕರ್ನಾಟಕ ರಾಜ್ಯದ ಜಿಲ್ಲೆಯ
..... ತಾಲ್ಲೂಕಿನ (ಗ್ರಾಮ/ಪಟ್ಟಣ)ದ
ರಿಜಿಸ್ಟ್ರಾರನಲ್ಲಿರುವ ಜನನ ಸಂಬಂಧವಾದ ಮೂಲ ದಾಖಲೆಯಿಂದ ತೆಗೆದುಕೊಳ್ಳಲಾಗಿದೆಯೆಂದು ಪ್ರಮಾಣೀಕರಿಸಲಾಗಿದೆ.

This is to certify that the following information has been taken from the original
record of birth which is the register for Alipura (village/town) of
Ganarubiddanur taluk of Kolar District of Karnataka State.

- | | |
|---|--|
| 1) ಹೆಸರು
Name <u>Mrs. Nahi Raza</u> | 2) ತಂದೆಯ ಹೆಸರು
Name of Father <u>Mrs. Nader Ali</u> |
| 3) ಲಿಂಗ
Sex <u>Male</u> | 4) ತಾಯಿಯ ಹೆಸರು
Name of Mother <u>Sayedunissa</u> |
| 5) ಜನನವಾದ ತಾರೀಖು
Date of Birth <u>10-07-70</u> | 6) ನೋಂದಣಿ ಸಂಖ್ಯೆ
Registration No <u>20</u> |
| 7) ಜನನವಾದ ಸ್ಥಳ
Place of Birth <u>Alipura</u> | 8) ನೋಂದಣಿ ತಾರೀಖು
Date of Registration <u>28-07-70</u> |

ದಿನಾಂಕ : 30/5/2004
Date :

ಪ್ರಮಾಣ ಪತ್ರ ಕೊಡುವ ಪ್ರಾಧಿಕಾರಿಯ ಸಹಿ
Signature of Issuing Authority

ಮೊಹರು
Seal

೧. ಶಾಲೆಯ ಹೆಸರು	Govt. Urdu Higher Primary Boys School ALIPUR Gauribidanur Taluk Kolar Dist.
೨. ಪ್ರವೇಶ ಸಂಖ್ಯೆ	22/5/04 38/76-77
೩. ಸಂಚಿತ ದಾಖಲೆ ಸಂಖ್ಯೆ	—
೪. ವಿದ್ಯಾರ್ಥಿಯ ಪೂರ್ಣ ಹೆಸರು	MIR NABI RAZA
೫. ಲಿಂಗ	(೬) ರಾಷ್ಟ್ರೀಯತೆ (೭) ಧರ್ಮ Male Indian Islam - Muslim
೬. ತಂದೆಯ ಹೆಸರು	MIR NADER ALI
೯. ವಿದ್ಯಾರ್ಥಿಯು ಪರಿಶಿಷ್ಟ ಜಾತಿ ಅಥವಾ ಪರಿಶಿಷ್ಟ ವರ್ಗಕ್ಕೆ ಸೇರಿದವನಾಗಿದ್ದಾನೆಯೇ ?	೧೦. ಮುಂದಿನ ತರಗತಿಗೆ ಉತ್ತೀರ್ಣಗೊಳಿಸಲು ಅರ್ಹನಾಗಿದ್ದಾನೆಯೇ ? Yes Qualified.
೧೧. ಜನ್ಮ ದಿನಾಂಕ (ಅಕ್ಷರಗಳಲ್ಲಿ ಮತ್ತು ಅಂಕಗಳಲ್ಲಿ)	10-07-1970. (Ten-Seven-Nineteen-Seveny)
೧೨. ಶಾಲೆಯನ್ನು ಬಿಡುವಾಗ ವಿದ್ಯಾರ್ಥಿಯು ಓದುತ್ತಿದ್ದ ದರ್ಜೆ : ತರಗತಿ (ಅಕ್ಷರಗಳಲ್ಲಿ)	VII Seventh Standard Pass
೧೩. ಪ್ರೌಢ ತರಗತಿಯಲ್ಲಿ ವಿದ್ಯಾರ್ಥಿಗಳ ವಿಷಯದಲ್ಲಿ (ಎ) ಅಧ್ಯಯನ ಮಾಡಿ ಭಾಷೆ (ಬಿ) ಅಧ್ಯಯನ ಮಾಡಿದ ಐಚ್ಛಿಕ ವಿಷಯಗಳು	೧೪. ವಿದ್ಯಾರ್ಥಿ ವೇತನ ಯಾವುದಾದರೂ ಇದ್ದಲ್ಲಿ (ಸ್ವರೂಪ ಮತ್ತು ಅವಧಿಯನ್ನು ನಿರ್ದಿಷ್ಟಪಡಿಸತಕ್ಕದು) — NO — ೧೬. ವೈದ್ಯಕೀಯ ಪರೀಕ್ಷೆ ಮಾಡಲಾಗಿದೆಯೇ ಇಲ್ಲವೇ — NO — ೨೦. ಶಾಲೆಗೆ ವಿದ್ಯಾರ್ಥಿಯು ಕಡೆಯ ಬಾರಿ ಹಾಜರಿದ್ದ ದಿನಾಂಕ — ೨೧. ವರ್ಗಾವಣೆ ಪ್ರಮಾಣ ಪತ್ರಕ್ಕಾಗಿ ಅರ್ಜಿಯನ್ನು ಸ್ವೀಕರಿಸಿದ ದಿನಾಂಕ
೧೪. ಬೋಧನಾ ಮಾಧ್ಯಮ	Urdu
೧೫. ಆ ವರ್ಗಕ್ಕೆ ಅಥವಾ ತರಗತಿಗೆ ಪ್ರವೇಶ ಪಡೆದ ಅಥವಾ ಬಿಟ್ಟ ಪಡೆದ ದಿನಾಂಕ	21-5-04
೧೬. ಶಾಲೆಗೆ ಬಾಕಿಯಿರುವ ಎಲ್ಲಾ ಶುಲ್ಕಗಳನ್ನು ವಿದ್ಯಾರ್ಥಿಯು ಪಾವತಿ ಮಾಡಿದ್ದಾನೆಯೇ ?	೨೨. ವರ್ಗಾವಣೆ ಪ್ರಮಾಣ ಪತ್ರ ನೀಡಿಕೆ ದಿನಾಂಕ 22-5-04 ೨೩. ಶಾಲೆ ಬಿಟ್ಟ ದಿನಾಂಕದವರೆಗಿನ ಶಾಲೆಯ ದಿನಗಳ ಸಂಖ್ಯೆ — ೨೪. ವಿದ್ಯಾರ್ಥಿಯು ಹಾಜರಾಗಿದ್ದ ಶಾಲೆಯ ದಿನಗಳ ಸಂಖ್ಯೆ — ೨೫. ಶಿಲ ಮತ್ತು ಚಾರಿತ್ರ್ಯ Good.
೧೭. ಶುಲ್ಕ ವಿನಾಯಿತಿ ಯಾವುದಾದರೂ ಇದ್ದಲ್ಲಿ (ಸ್ವರೂಪ ಮತ್ತು ಅವಧಿಯನ್ನು ನಿರ್ದಿಷ್ಟಪಡಿಸತಕ್ಕದು)	— NO —

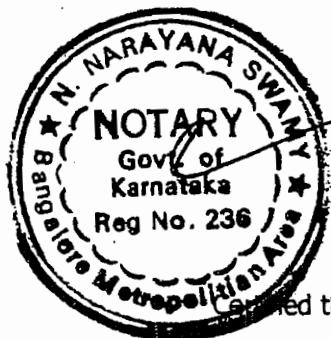
HEAD MASTER
Govt. Urdu Higher Primary Boys School
ALIPUR
Gauribidanur Taluk Kolar Dist.

22/5/04

1.	Name of the School	Govt. Urdu Higher Primary Boys School Alipur Gauribidanur Taluk, Kolar Dist.
2.	Admission No.	38 / 76 - 77
3.	CR Card No.	-----
4.	Name of the Pupil	MIR NABI RAZA
5.	Sex Male	6. Nationality Indian
7.	Religion Islam Muslim	
8.	Name of the Father	MIR NADER ALI
9.	Whether the candidate belongs to Schedule Caste / Schedule Tribe - No -	10. Whether Qualified for promotion to Higher Standard - Yes Qualified -
11.	Date of Birth [in figures and words]	10-07-1970 [Ten - Seven- Nineteen Seventy]
12.	Standard in which the Pupil was reading at the time of leaving the School. In words	VII th Seventh Standard Pass
13.	In the case pupil of Higher Standard a. Languages Studied ----- b. Elective Studied -----	18. Scholarship if any [Nature and Period to be specified] - No - 19. Whether Medically Examined or Not - No - 20. Date of pupil last attendance at the School -----
14.	Medium of Instruction Urdu	21. Date on which the application for the Transfer Certificate was issued 21-05-2004
15.	Date of Admission or Promotion to the Class 10-06-1976	22. Date of issued Transfer Certificate 22-05-2004
16.	Whether the pupil had paid all the fees due to the School - Yes -	23. No. of School days up to the date of leaving ----- 24. No. of School days the pupil attended -----
17.	Fee concession if [Nature and Period to be specified] - No -	25. Character and Conduct Good

Sd/-

HEAD MASTER
GOVT. URDU HIGHER PRIMARY BOYS SCHOOL
ALIPUR - GAURIBIDANUR TALUK
KOLAR DIST



certified that the above is a true translation and transcription of the original in Kannada and
English languages and the same is translated by me.

6
S. A. RAZA, B.Sc., LL.B.
ADVOCATE
180, K.B.A.R. Road,
Austin Town, Bangalore-47

ATTESTED
N. NARAYANA SWAMY, B.A., LL.B.,
Advocate and Notary
No 17, Siddhanta Nagar

UNITED STATES OF AMERICA

RECEIPT NUMBER WAC-05-021-52820		CASE TYPE I129
RECEIPT DATE November 1, 2004		PETITION FOR A NONIMMIGRANT WORKER
PRIORITY DATE		PETITIONER SHIA ASSN OF BAY AREA
NOTICE DATE December 15, 2004	PAGE 1 of 1	BENEFICIARY MIR, NABI R.
ZAHREER ZAIDI ELIA LAW FIRM RE: SHIA ASSN OF BAY AREA 510 N FIRST ST STE 216 SAN JOSE CA 95112		Notice Type: Approval Notice Class: R1 Valid from 01/02/2005 to 01/01/2007

The above petition and extension of stay have been approved. The status of the named foreign worker(s) in this classification is valid as indicated above. The foreign worker can work for the petitioner not only as detailed in the petition and for the period authorized. Any change in employment requires a new petition. Since this employment authorization stems from the filing of this petition, separate employment authorization documentation is not required. Please contact the IRS with any questions about tax withholding.

The petitioner should keep the upper portion of this notice. The lower portion should be given to the worker. He or she should keep the right part with his or her form I-94, *Arrival-Departure Record*. This should be turned in with the I-94 when departing the U.S. The left part is for his or her records. A person granted an extension of stay who leaves the U.S. must normally obtain a new visa before returning. The left part can be used in applying for the new visa. The petitioner may also file Form I-824, *Application for Action on an Approved Application or Petition*, with this office to request that we notify a consulate, port of entry, or pre-flight inspection office of this approval.

THIS FORM IS NOT A VISA NOR MAY IT BE USED IN PLACE OF A VISA.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

IMMIGRATION & NATURALIZATION SERVICE
 CALIFORNIA SERVICE CENTER
 P. O. BOX 30111
 LAS VEGAS, NEVADA 89167-0111
 Customer Service Telephone: (800) 375-5283
 Form I797A (Rev. 09/07/93)N



PLEASE TEAR OFF FORM I-94 PRINTED BELOW, AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records

Receipt # WAC-05-021-52820

I-94# 071859700 11

NAME MIR, NABI R.

CLASS R1

VALID FROM 01/02/2005 UNTIL 01/01/2007

PETITIONER: SHIA ASSN OF BAY AREA
 2725 S WHITE RD
 SAN JOSE CA 95148

071859700 11

Receipt Number WAC-05-021-52820

Immigration and
 Naturalization Service

I-94

Departure Record

Petitioner: SHIA ASSN OF

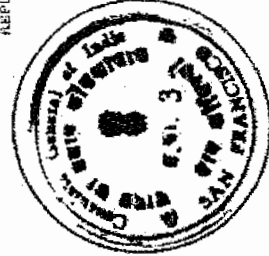
14. Family Name MIR	
15. First (Given) Name NABI	16. Date of Birth 07/10/1970
17. Country of Citizenship INDIA	



एकके द्वारा, भारत सरकार के राष्ट्रपति के नाम पर, उस देश से जिसका
 इस बात से संकेत है, यह प्रस्ताव एवं अवकाश की जाती है कि वे वांछित हो बिना रोक, रोक,
 आंशिकी से जाने-बाने से, और उसे हर तरह की ऐसी सहायता और सुरक्षा प्रदान करें
 जिसकी उसे आवश्यकता हो।

THESE ARE TO REQUEST AND REQUEST IN THE NAME OF THE
 PRESIDENT OF THE REPUBLIC OF INDIA ALL THOSE WHOM IT MAY
 CONCERN TO ALLOW THE BEARER TO PASS FREELY WITHOUT ANY
 HINDERANCE AND TO AFFORD HIM OR HER EVERY ASSISTANCE AND
 PROTECTION OF WHICH HE OR SHE MAY STAND IN NEED.

भारत सरकार के राष्ट्रपति के अर्थ में दिये गए
 BY ORDER OF THE PRESIDENT OF THE
 REPUBLIC OF INDIA



Cyelic
 VIJAYAN MACHINGAL
 Vice Consul
 Consulate General of India
 San Francisco (USA)

भारत गणराज्य REPUBLIC OF INDIA



राष्ट्र / Type IND
 राष्ट्र कोड / Country Code IND
 पारपत्र नं. / Passport No. F 1613343
 उल्लेख / Surname NABI
 निर्यात नाम / Given Names NABI RAZA
 राष्ट्रियता / Nationality INDIAN
 लिंग / Sex MALE
 जन्मदिन / Date of Birth 10 JULY 1970
 जन्म स्थान / Place of Birth AHIPUR - Karnataka.
 जारी करने की तिथि / Date of Issue 09 NOV 2005
 समाप्ति की तिथि / Date of Expiry 08 NOV 2015
 C.O.I. SAN FRANCISCO, U.S.A.

Nabi Raza

FINAL.

Do not write in this block.

Remarks	Action Block	Fee Stamp
A#		
Applicant is filing under §274a.12 _____		
<input type="checkbox"/> Application Approved. Employment Authorized / Extended (<i>Circle One</i>) until _____ (Date). _____ (Date).		
Subject to the following conditions:		
<input type="checkbox"/> Application Denied.		
<input type="checkbox"/> Failed to establish eligibility under 8 CFR 274a.12 (a) or (c).		
<input type="checkbox"/> Failed to establish economic necessity as required in 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)		

I am applying for: ☒ Permission to accept employment.
☐ Replacement (*of lost employment authorization document*)
☐ Renewal of my permission to accept employment (*attach previous employment authorization document*).


1. Name (Family Name in CAPS) (First) (Middle) MIR, Nabi Raza	11. Have you ever before applied for employment authorization from USCIS? <input type="checkbox"/> Yes (If yes, complete below) <input checked="" type="checkbox"/> No
2. Other Names Used (Include Maiden Name) Mir Nabi Raza Abedi	Which USCIS Office? _____ Date(s) _____
3. Address in the United States (Number and Street) (Apt. Number) 94 Southgate Ct.	Results (Granted or Denied - attach all documentation) N/A
(Town or City) (State/Country) (ZIP Code) San Jose, California 95138	12. Date of Last Entry into the U.S. (mm/dd/yyyy) 02/20/2004
4. Country of Citizenship/Nationality India	13. Place of Last Entry into the U.S. San Francisco, California
5. Place of Birth (Town or City) (State/Province) (Country) Alipur, Karnataka, India	14. Manner of Last Entry (Visitor, Student, etc.) Religious Minister (R-1)
6. Date of Birth (mm/dd/yyyy) 10/07/1970	15. Current Immigration Status (Visitor, Student, etc.) Religious Minister (R-1)/ Adjustment Applicant
7. Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	16. Go to Part 2 of the Instructions, Eligibility Categories. In the space below, place the letter and number of the category you selected from the instructions (For example, (a)(8), (c)(17)(iii), etc.).
8. Marital Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Eligibility under 8 CFR 274a.12 (C) (9) ()
9. Social Security Number (Include all numbers you have ever used) (if any) 8875	
10. Alien Registration Number (A-Number) or I-94 Number (if any) 07185970011	

Certification.

Your Certification: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information that the U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the Instructions in **Part 2** and have identified the appropriate eligibility category in **Block 16**.

Signature 	Telephone Number (408) 205-3055	Date 04/25/2007
---	------------------------------------	--------------------

Signature of Person Preparing Form, If Other Than Above: I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Print Name Attorney Zaheer Zaidi	Address 4423 Fortran Ct. Suite 200A San Jose, CA 95134	Signature 	Date 04/25/2007
-------------------------------------	--	--	--------------------

Remarks	Initial Receipt	Resubmitted	Relocated					
			Rec'd	Sent	Approved	Denied	Returned	

START HERE - Please type or print in black ink.

Part 1. Information about you.

Family Name ZAHERA		Given Name Syeda	Middle Name Gulshan
Address - C/O			
Street Number and Name 94 Southgate Ct.		Apt. #	
City San Jose			
State California		Zip Code 95138	
Date of Birth (mm/dd/yyyy) 12/18/1970	Country of Birth: India Country of Citizenship/Nationality: India		
U.S. Social Security # 9144		A # (if any) None	
Date of Last Arrival (mm/dd/yyyy) 02/27/2003		I-94 # 32683362310	
Current USCIS Status R-2		Expires on (mm/dd/yyyy) 01/01/2007	

Part 2. Application Type. (check one)

I am applying for an adjustment to permanent resident status because:

- a. ☒ an immigrant petition giving me an immediately available immigrant visa number has been approved. (Attach a copy of the approval notice, or a relative, special immigrant juvenile or special immigrant military visa petition filed with this application that will give you an immediately available visa number, if approved.)
- b. ☐ my spouse or parent applied for adjustment of status or was granted lawful permanent residence in an immigrant visa category that allows derivative status for spouses and children.
- c. ☐ I entered as a K-1 fiancé(e) of a United States citizen whom I married within 90 days of entry, or I am the K-2 child of such a fiancé(e). (Attach a copy of the fiancé(e) petition approval notice and the marriage certificate).
- d. ☐ I was granted asylum or derivative asylum status as the spouse or child of a person granted asylum and am eligible for adjustment.
- e. ☐ I am a native or citizen of Cuba admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least one year.
- f. ☐ I am the husband, wife or minor unmarried child of a Cuban described above in (e) and am residing with that person, and was admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least one year.
- g. ☐ I have continuously resided in the United States since before January 1, 1972.
- h. ☐ Other basis of eligibility. Explain. (If additional space is needed, use a separate piece of paper.)

I am already a permanent resident and am applying to have the date I was granted permanent residence adjusted to the date I originally arrived in the United States as a nonimmigrant or parolee, or as of May 2, 1964, whichever date is later, and: (Check one)

- i. ☐ I am a native or citizen of Cuba and meet the description in (e), above.
- j. ☐ I am the husband, wife or minor unmarried child of a Cuban, and meet the description in (f), above.

FOR USCIS USE ONLY

Returned	Receipt
Resubmitted	
Reloc Sent	
Reloc Rec'd	
<input type="checkbox"/> Applicant Interviewed	

Section of Law

- ☐ Sec. 209(b), INA
☐ Sec. 13, Act of 9/11/57
☐ Sec. 245, INA
☐ Sec. 249, INA
☐ Sec. 2 Act of 11/2/66
☐ Sec. 2 Act of 11/2/66
☐ Other

Country Chargeable

Eligibility Under Sec. 245

- ☐ Approved Visa Petition
☐ Dependent of Principal Alien
☐ Special Immigrant
☐ Other

Preference

Action Block

**To Be Completed by
Attorney or Representative, if any**

- ☒ Fill in box if G-28 is attached to represent the applicant.

VOLAG#

ATTY State License #

184749

Part 3. Processing Information

A. City/Town/Village of Birth Alipur		Current Occupation Housewife
Your Mother's First Name Syeda		Your Father's First name Syed
Give your name exactly how it appears on your Arrival /Departure Record (Form I-94) Zahera, SyedaGulshan		
Place of Last Entry Into the United States (City/State) Houston TX		In what status did you last enter? (Visitor, Student, exchange alien, crewman, temporary worker, without inspection, etc.) R2
Were you inspected by a U.S. Immigration Officer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Nonimmigrant Visa Number 49913512		Consulate Where Visa Was Issued Chennai, India
Date Visa was Issued (mm/dd/yyyy) 01/23/2003	Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Marital Status: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Have you ever before applied for permanent resident status in the U.S.? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If you checked "Yes," give date and place of filing and final disposition.		

B. List your present husband/wife, all your sons and daughters (if you have none, write "none". If additional space is needed, use separate paper).

Family Name Mir	Given Name Nabi	Middle Raza	Date of Birth (mm/dd/yyyy) 10/07/1970
Country of Birth India	Relationship Husband	A # None	Applying with you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Family Name Mir	Given Name Ahmed	Middle Raza	Date of Birth (mm/dd/yyyy) 04/29/1993
Country of Birth India	Relationship Son	A # None	Applying with you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Family Name Mir	Given Name Ali	Middle Raza	Date of Birth (mm/dd/yyyy) 10/14/1994
Country of Birth India	Relationship Son	A # None	Applying with you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Family Name Mir	Given Name Abid	Middle Raza	Date of Birth (mm/dd/yyyy) 08/23/2003
Country of Birth USA	Relationship Son	A # None	Applying with you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Family Name Mir	Given Name Abbas	Middle Raza	Date of Birth (mm/dd/yyyy) 09/12/2005
Country of Birth USA	Relationship Son	A # None	Applying with you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

C. List your present and past membership in or affiliation with every political organization, association, fund, foundation, party, club, society or similar group in the United States or in other places since your 16th birthday. Include any foreign military service in this part. If none, write "none." Include the name(s) of organization(s), location(s), dates of membership from and to, and the nature of the organization(s). If additional space is needed, use a separate piece of paper.

None

Part 3. Processing Information. (Continued)

Please answer the following questions. (If your answer is "Yes" on any one of these questions, explain on a separate piece of paper. Answering "Yes" does not necessarily mean that you are not entitled to adjust status or register for permanent residence.)

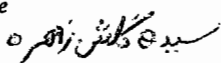
1. Have you ever, in or outside the United States:
 - a. knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested? ☐ Yes ☒ No
 - b. been arrested, cited, charged, indicted, fined or imprisoned for breaking or violating any law or ordinance, excluding traffic violations? ☐ Yes ☒ No
 - c. been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action? ☐ Yes ☒ No
 - d. exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? ☐ Yes ☒ No
2. Have you received public assistance in the United States from any source, including the United States government or any state, county, city or municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future? ☐ Yes ☒ No
3. Have you ever:
 - a. within the past ten years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future? ☐ Yes ☒ No
 - b. engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? ☐ Yes ☒ No
 - c. knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the United States illegally? ☐ Yes ☒ No
 - d. illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded in the illicit trafficking of any controlled substance? ☐ Yes ☒ No
4. Have you ever engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to any person or organization that has ever engaged or conspired to engage in sabotage, kidnapping, political assassination, hijacking or any other form of terrorist activity? ☐ Yes ☒ No
5. Do you intend to engage in the United States in:
 - a. espionage? ☐ Yes ☒ No
 - b. any activity a purpose of which is opposition to, or the control or overthrow of, the government of the United States, by force, violence or other unlawful means? ☐ Yes ☒ No
 - c. any activity to violate or evade any law prohibiting the export from the United States of goods, technology or sensitive information? ☐ Yes ☒ No
6. Have you ever been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party? ☐ Yes ☒ No
7. Did you, during the period from March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist or otherwise participate in the persecution of any person because of race, religion, national origin or political opinion? ☐ Yes ☒ No
8. Have you ever engaged in genocide, or otherwise ordered, incited, assisted or otherwise participated in the killing of any person because of race, religion, nationality, ethnic origin, or political opinion? ☐ Yes ☒ No
9. Have you ever been deported from the United States, or removed from the United States at government expense, excluded within the past year, or are you now in exclusion, deportation, removal or rescission proceedings? ☐ Yes ☒ No
10. Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act for use of fraudulent documents or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the United States or any immigration benefit? ☐ Yes ☒ No
11. Have you ever left the United States to avoid being drafted into the U.S. Armed Forces? ☐ Yes ☒ No
12. Have you ever been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement and have not yet complied with that requirement or obtained a waiver? ☐ Yes ☒ No
13. Are you now withholding custody of a U.S. citizen child outside the United States from a person granted custody of the child? ☐ Yes ☒ No
14. Do you plan to practice polygamy in the United States? ☐ Yes ☒ No

Part 4. Signature. (Read the information on penalties in the instructions before completing this section. You must file this application while in the United States.)

YOUR REGISTRATION WITH THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES. "I understand and acknowledge that, under section 262 of the Immigration and Nationality Act (Act), as an alien who has been or will be in the United States for more than 30 days, I am required to register with the U.S. Citizenship and Immigration Services. I understand and acknowledge that, under section 265 of the Act, I am required to provide USCIS with my current address and written notice of any change of address within ten days of the change. I understand and acknowledge that USCIS will use the most recent address that I provide to USCIS, on any form containing these acknowledgements, for all purposes, including the service of a Notice to Appear should it be necessary for USCIS to initiate removal proceedings against me. I understand and acknowledge that if I change my address without providing written notice to USCIS, I will be held responsible for any communications sent to me at the most recent address that I provided to USCIS. I further understand and acknowledge that, if removal proceedings are initiated against me and I fail to attend any hearing, including an initial hearing based on service of the Notice to Appear at the most recent address that I provided to USCIS or as otherwise provided by law, I may be ordered removed in my absence, arrested by USCIS and removed from the United States."

SELECTIVE SERVICE REGISTRATION. The following applies to you if you are a male at least 18 years old, but not yet 26 years old, who is required to register with the Selective Service System: "I understand that my filing this adjustment of status application with the U.S. Citizenship and Immigration Services authorizes USCIS to provide certain registration information to the Selective Service System in accordance with the Military Selective Service Act. Upon USCIS acceptance of my application, I authorize USCIS to transmit to the Selective Service System my name, current address, Social Security Number, date of birth and the date I filed the application for the purpose of recording my Selective Service registration as of the filing date. If, however, USCIS does not accept my application, I further understand that, if so required, I am responsible for registering with the Selective Service by other means, provided I have not yet reached age 26."


APPLICANT'S CERTIFICATION. I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records that the U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.

Signature	Print Your Name	Date	Daytime Phone Number
	Syeda Gulshan ZAHERA	04/25/07	408 281-9325

NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested document and this application may be denied.

Part 5. Signature of person preparing form if other than above. (Sign Below)

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

Signature	Print Your Name	Date	Day time Phone Number
	Zaheer Zaidi	04/25/07	(408) 942-0320
Firm Name and Address	E-mail Address (if any)		
Elia Law Firm 4423 Fortran Ct., Suite 200A San Jose CA 95134			



ಕರ್ನಾಟಕ ಸರ್ಕಾರ
Government of Karnataka

ಜನನ ಮತ್ತು ಮರಣಗಳ ಮುಖ್ಯ ರಿಜಿಸ್ಟ್ರಾರರು
Chief Registrar of Births and Deaths

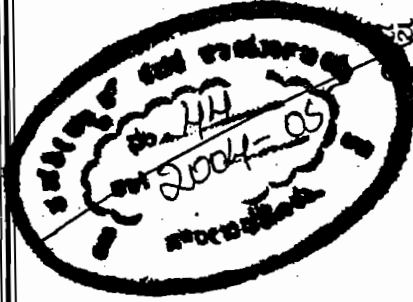
ನಮೂನೆ ನಂ. 5
(8ನೇ ನಿಯಮ ನೋಡಿ)

FORM NO. 5
(See Rule 8)

ಜನನ ಪ್ರಮಾಣ ಪತ್ರ
(12/17 ನೆಯ ಪ್ರಕರಣ ಮೇರೆಗೆ ಕೊಡಲಾದ)

BIRTH CERTIFICATE

(Issued under Section 12/17)



ಈ ಕೆಳಕಂಡ ವಿವರಣೆಯನ್ನು ಕರ್ನಾಟಕ ರಾಜ್ಯದ ಜಿಲ್ಲೆಯ

..... ತಾಲ್ಲೂಕಿನ (ಗ್ರಾಮ/ಪಟ್ಟಣ)ದ

ರಿಜಿಸ್ಟ್ರಾರನಲ್ಲಿರುವ ಜನನ ಸಂಬಂಧವಾದ ಮೂಲ ದಾಖಲೆಯಿಂದ ತೆಗೆದುಕೊಳ್ಳಲಾಗಿದೆಯೆಂದು ಪ್ರಮಾಣೀಕರಿಸಲಾಗಿದೆ.

This is to certify that the following information has been taken from the original record of birth which is the register for Alipura (village/town) of

Gowribidnur taluk of Kolar District of Karnataka State.

- | | |
|---|---|
| 1) ಹೆಸರು
Name <u>Syeda Gulshan Zahera</u> | 2) ತಂದೆಯ ಹೆಸರು
Name of Father <u>Syed Najmul Hussain</u> |
| 3) ಲಿಂಗ
Sex <u>Female</u> | 4) ತಾಯಿಯ ಹೆಸರು
Name of Mother <u>Syeda Shamsad Begum</u> |
| 5) ಜನನವಾದ ತಾರೀಖು
Date of Birth <u>18-12-70</u> | 6) ನೋಂದಣಿ ಸಂಖ್ಯೆ
Registration No |
| 7) ಜನನವಾದ ಸ್ಥಳ
Place of Birth <u>Alipura</u> | 8) ನೋಂದಣಿ ತಾರೀಖು
Date of Registration <u>30-12-70</u> |

ದಿನಾಂಕ : 30/5/2004
Date :

ಪ್ರಮಾಣ ಪತ್ರ ಕೊಡುವ ಪ್ರಾಧಿಕಾರಿಯ ಸಹಿ
Signature of Issuing Authority

ಮೊಹರು : [Signature]
Seal : [Seal]

ಸಂಖ್ಯೆ

66/0304

2.2/5/04

Good

ಸಂಖ್ಯೆ. ೪೫೪೪/೨೦೧೭

ಸೂಚನೆ : ತಂದೆ ತಾಯಿಗಳ ಅಥವಾ ಪಾಲಕರ ಕೋರಿಕೆಯ ಮೇಲೆ ಈ ಪ್ರಮಾಣ ಪತ್ರವನ್ನು ಸಲ್ಲಿಸಿದ ಸಂದರ್ಭದಲ್ಲಿ ಪೂರ್ಣ ನಡವಳಿಕೆ ನೀಡುವುದಿಲ್ಲ.

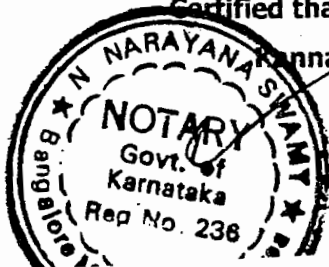
1.	Name of the School	Govt. Urdu Higher Primary Boys School Alipur Gauribidanur Taluk, Kolar Dist.
2.	Admission No.	59 / 76 - 77
3.	C R Card No.	-----
4.	Name of the Pupil	SYED AGULSHAN ZAHERA
5.	Sex Female	6. Nationality Indian
7.	Religion Islam	Muslim
8.	Name of the Father	SYED NAJMUL HUSSAN
9.	Whether the candidate belongs to Schedule Caste / Schedule Tribe - No -	10. Whether Qualified for promotion to Higher Standard - Not Qualified -
11.	Date of Birth [in figures and words]	18-12-1970 [Eighteen- Twelve- Nineteen Seventy]
12.	Standard in which the Pupil was reading at the time of leaving the School. In words	VII th Seventh Standard
13.	In the case pupil of Higher Standard a. Languages Studied ----- b. Elective Studied -----	18. Scholarship if any [Nature and Period to be specified] - No - 19. Whether Medically Examined or Not - No - 20. Date of pupil last attendance at the School -----
14.	Medium of Instruction Urdu	21. Date on which the application for the Transfer Certificate was issued 21-05-2004
15.	Date of Admission or Promotion to the Class 10-06-1976	22. Date of issued Transfer Certificate 22-05-2004
16.	Whether the pupil had paid all the fees due to the School - Yes -	23. No. of School days up to the date of leaving ----- 24. No. of School days the pupil attended -----
17.	Fee concession if [Nature and Period to be specified] - No -	25. Character and Conduct Good

Sd/-

HEAD MASTER
GOVT. URDU HIGHER PRIMARY BOYS SCHOOL
ALIPUR - GAURIBIDANUR TALUK
KOLAR DIST.

Certified that the above is a true translation and transcription of the original in

Kannada and English languages and the same is translated by me.

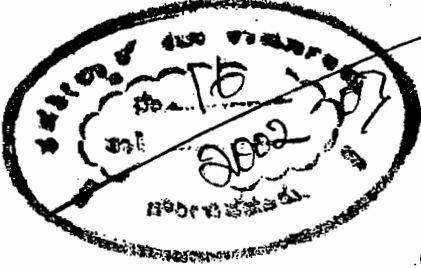
ATTESTED

S. A. RAZMI B.Sc., LL.B.,
ADVOCATE

N. NARAYANA SWAMY. B.A. LL.B.

ಕರ್ನಾಟಕ ಸರ್ಕಾರ
Government of Karnataka
ಜನನ ಮತ್ತು ಮರಣಗಳ ಮುಖ್ಯ ರಿಜಿಸ್ಟ್ರಾರರು
Chief Registrar of Birth and Deaths

083593



ನಮೂನೆ ನಂ. 5
(8 ನೇ ನಿಯಮ ನೋಡಿ)
FORM No. 5
(See Rule 8)

ಜನನ ಪ್ರಮಾಣ ಪತ್ರ
(12/17 ನೆಯ ಪ್ರಕರಣ ಮೇರೆಗೆ ಕೊಡಲಾದ)
BIRTH CERTIFICATE
(Issued Under Section 12/17)

ಈ ಕೆಳಕಂಡ ವಿವರಣೆಯನ್ನು ಕರ್ನಾಟಕ ರಾಜ್ಯದಜಿಲ್ಲೆಯ
..... ತಾಲ್ಲೂಕಿನ(ಗ್ರಾಮ/ಪಟ್ಟಣ)

ರಿಜಿಸ್ಟ್ರಾರನಲ್ಲಿರುವ ಜನನ ಸಂಬಂಧವಾದ ಮೂಲ ದಾಖಲೆಯಿಂದ ತೆಗೆದುಕೊಳ್ಳಲಾಗಿದೆಯೆಂದು ಪ್ರಮಾಣೀಕರಿಸಲಾಗಿದೆ.

This is to certify that the following information has been taken from the original record of birth which is the register for ...Alipura..... (village/town) of
.....Gowribidnur..... ofKolar..... district of Karnataka State.

- (1) ಹೆಸರು Ahamed Raza M. (2) ತಂದೆಯ ಹೆಸರು Mrs. Nabil Raza
Name Name of Father
- (3) ಲಿಂಗ Male (4) ತಾಯಿಯ ಹೆಸರು Syeda Gulshan Zehr
Sex Name of Mother
- (5) ಜನನವಾದ ತಾರೀಖು 29-04-93 (6) ನೋಂದಣಿ ಸಂಖ್ಯೆ 35/93
Date of Birth Registration No.
- (7) ಜನನವಾದ ಸ್ಥಳ Alipura (8) ನೋಂದಣಿ ತಾರೀಖು 29-04-93
Place of Birth Date of Registration

ದಿನಾಂಕ : 2/5/02
Date:

ಪ್ರಮಾಣ ಪತ್ರ ಕೊಡುವ ಪ್ರಾಧಿಕಾರಿಯ ಸಹಿ
Signature of Issuing Authority

ಮೊಹರು :
Seal :

[Signature]
[Seal]
2/5/02

Anjuman-E-Jafariya

Alipur - 561224, Gowribidnur Tq.
Kolar District,
Karnataka State



ಅಂಜುಮನೇ ಜಫರಿಯ

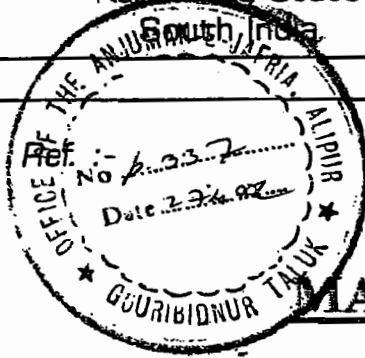
ಅಲಿಪುರ್ - 561224

ತಾ-ಗೌರಿಬಿದನೂರು

ಜಿಲ್ಲಾ-ಕೋಲಾರ

ಕರ್ನಾಟಕ-ದಕ್ಷಿಣ ಭಾರತ

Telephone : 08155 (Code) Local - 958155-89099



27-04-2002

Date:.....

MARRIAGE CERTIFICATE

Page No. : 335

Date Of Nikah : 12th December 1991.

Place : Alipur-561224.
Kolar (Dist.), Karnataka, India.

Name Of The Bride Groom : MIR NABI RAZA.
S/o MIR NADER ALI, ALIPUR.

Age And Signature Of Bride Groom : 22 Years.

Name Of Bride : SYEDA GULSHAN ZEHRA.
D/o SYED NAJMUL HASSAN.

Age And Signature Of Bride : 21 Years.

Name Of Vakeel (From Groom) : Moulana Syed Abbas Hussain.
Imam-E-Jumma-O-Jamath, Alipur.

Name Of Vakeel (From Bride) : Syed Karrer Hussain.

Witness Of Marriage Ceremony : 1) Mir Sharik Ali.
S/o Mir Moheeb Hussain, Alipur.

2) Mir Ahmed Abbas.
S/o Mir Muktar Hussain, Alipur.

MIR Bakht Ali
SECRETARY

Anjuman-e-Jaffaria
Alipur-561224

President

Anjuman-e-Jaffaria
ALIPUR-561 224

President

Mir Iqbal Hussain

Vice President

Mir Mohammed Raza

Secretary

Mir Bakht Ali

Treasurer

Anjuman-E-Jafariya

Alipur - 561224, Gowribidnur Tq.
Kolar District
Karnataka State
South India



ಅಂಜುಮನೇ ಜಫರಿಯ

ಅಲಿಪುರ್ - 561224

ತಾ-ಗೌರಿಬಿದನೂರು

ಜಿಲ್ಲಾ-ಕೋಲಾರ

ಕರ್ನಾಟಕ-ದಕ್ಷಿಣ ಭಾರತ

Telephone : 08155 (Code) Local - 958155-89099

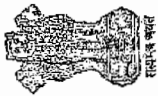
Ref. :-

Date: 10.06.02

THIS IS TO CERTIFY THAT as per the Register of Marriages (Nikah) maintained at our office the Nikah (Marriage) of MIR NABI RAZA with SYEDA GULSHAN ZEHRA was performed as per Shia rites on 12-12-1991 at Alipur.

The marriage is still in effect and two ~~xx~~ issues (sons) are reportedly born from the wedlock.

MIR BAKAR ALI
SECRETARY
Anjuman-e-Jaffaria
Alipur-561224



हस्तके द्वारा, भारत गणराज्य के राष्ट्रपति के आदेश पर, उन सब से विनम्र
हस्त बात से संकेता है, यह प्रमाण एवं अर्थों की शक्ति है कि वे वास्तव में हिन्दू-धर्म, और
आधुनिक से आने-जाने हैं, और उसे हर तरह की ऐसी सहायता और सुझाव प्रदान करें
जिनकी उसे आवश्यकता हो।

THESE ARE TO REQUEST AND REQUIRE IN THE NAME OF THE
PRESIDENT OF THE REPUBLIC OF INDIA ALL THOSE WHOM IT MAY
CONCERN TO ALLOW THE BEARER TO PASS FREELY WITHOUT LET OR
HINDRANCE, AND TO AFFORD HIM OR HER, EVERY ASSISTANCE AND
PROTECTION OF WHICH HE OR SHE MAY STAND IN NEED.

भारत गणराज्य के राष्ट्रपति के आदेश से दिया गया
BY ORDER OF THE PRESIDENT OF THE
REPUBLIC OF INDIA



एम. एस. विजयलक्ष्मी अम्मा
M.S. VIJAYALAKSHMI-AMMA
प्रति पावन हस्तिकारी, बंगलूर.
For Passport Officer, Bangalore

भारत गणराज्य REPUBLIC OF INDIA



वर्गीकरण / Type	राष्ट्रीय कोड / Country Code	पासपोर्ट नं. / Passport No.
IND		E 1462915
उपनाम / Surname	SYEDA GULSHAN ZAHERA	
दिए गए नाम / Given Names		
राष्ट्रियता / Nationality	लिंग / Sex	जन्म तिथि / Date of Birth
INDIAN	FEMALE	18/12/1970
जन्म स्थान / Place of Birth		
MIRPUR / KARNATAKA		
जारी करने का स्थान / Place of Issue		
BANGALORE		
जारी करने की तिथि / Date of Issue		
14/3/2002		
वैधता की तिथि / Date of Expiry		
13/3/2012		

14-00000



Control Number
20030239290001

Given Names
SYEDA GULSHAN

Passport Number
E1462915

See

Birth Date
18DEC1970

Nationality
IND

Issue Date
23JAN2003

Expiration Date
01 JAN 2005

1003

Angolan

SHIA ASSOCIATION OF BAY AREA
SAN JOSE, CA

PA: MIR NABIRAZA

49913512

[illegible]

May 10, 02

US Consulate General, Chennai

23 MAY 2002

Application Received

उपरोक्त नाम के व्यक्ति को भारत में प्रवेश करने के लिए वीजा प्रदान करने के लिए प्रार्थना की जाती है।
उपरोक्त व्यक्ति का नाम है: BYEDA SHAMSAD BEGUM
उपरोक्त व्यक्ति का पता है: 1 K. ROAD, ALIPUR, KOLAR DIST. 561224
उपरोक्त व्यक्ति का जन्म तिथि है: 69/28/TEHRAN
उपरोक्त व्यक्ति का पुराना वीजा नंबर है: A373605/
उपरोक्त व्यक्ति का पुराना वीजा का स्थान है: TEHRAN
उपरोक्त व्यक्ति का पुराना वीजा का दिनांक है: 6/4/02

REGISTRATION

INDIAN CITIZENS RESIDENT ABROAD ARE ADVISED TO REGISTER THEMSELVES AT THE NEAREST INDIAN MISSION/POST.

CAUTION

THIS PASSPORT IS THE PROPERTY OF THE GOVERNMENT OF INDIA. ANY COMMUNICATION RECEIVED BY HOLDER FROM THE PASSPORT AUTHORITY REGARDING THIS PASSPORT, INCLUDING DEMAND FOR ITS SURRENDER, SHOULD BE COMPLIED WITH IMMEDIATELY.

PASSPORT SHOULD NOT BE SENT OUT OF ANY COUNTRY BY POST. IT SHOULD BE IN THE CUSTODY EITHER OF THE HOLDER OR OF A PERSON AUTHORIZED BY THE HOLDER. IT MUST NOT BE ALTERED OR MUTILATED IN ANY WAY.

LOSS, THEFT OR DESTRUCTION OF PASSPORTS SHOULD BE IMMEDIATELY REPORTED TO THE NEAREST PASSPORT AUTHORITY IN INDIA OR (IF THE HOLDER IS ABROAD) TO THE NEAREST INDIAN MISSION AND TO THE LOCAL POLICE. ONLY AFTER EXHAUSTIVE ENQUIRIES SHALL A REPLACEMENT PASSPORT BE ISSUED.

पिता का नाम/पिता का नाम (Name of Father/Legal Guardian)

BYEDA NATMUK HASSAN

माता का नाम (Name of Mother)

BYEDA SHAMSAD BEGUM

पति का नाम (Name of Spouse)

MIR NABI RAZA

पता (Address)

1 K. ROAD, ALIPUR

KOLAR DIST. 561224

पुराने वीजा नंबर का और वीजा जारी होने का स्थान का स्थान (Old Passport No. with date and Place of issue)

A373605/ 69/28/TEHRAN

वीजा नंबर (File No.)

F/431/02

Department of Homeland Security
U.S. Citizenship and Immigration Services

**I-765, Application for
Employment Authorization**

Do not write in this block.

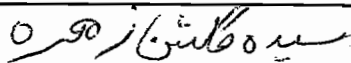
Remarks	Action Block	Fee Stamp
A#		
Applicant is filing under §274a.12 _____		
<input type="checkbox"/> Application Approved. Employment Authorized / Extended (<i>Circle One</i>) until _____ (Date). Subject to the following conditions: _____ (Date). <input type="checkbox"/> Application Denied. <input type="checkbox"/> Failed to establish eligibility under 8 CFR 274a.12 (a) or (c). <input type="checkbox"/> Failed to establish economic necessity as required in 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)		

I am applying for: ☒ Permission to accept employment.
☐ Replacement (*of lost employment authorization document*)
☐ Renewal of my permission to accept employment (*attach previous employment authorization document*).

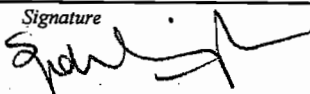
1. Name (Family Name in CAPS) (First) (Middle) ZAHERA, Syeda Gulshan	11. Have you ever before applied for employment authorization from USCIS? <input type="checkbox"/> Yes (If yes, complete below) <input checked="" type="checkbox"/> No Which USCIS Office? _____ Date(s) _____ N/A
2. Other Names Used (Include Maiden Name) Zehra	Results (Granted or Denied - attach all documentation) N/A
3. Address in the United States (Number and Street) (Apt. Number) 94 Southgate Ct. (Town or City) (State/Country) (ZIP Code) San Jose, California 95138	12. Date of Last Entry into the U.S. (mm/dd/yyyy) 02/27/2003
4. Country of Citizenship/Nationality India	13. Place of Last Entry into the U.S. Houston, Texas
5. Place of Birth (Town or City) (State/Province) (Country) Alipur, India	14. Manner of Last Entry (Visitor, Student, etc.) R2 (Dependent of R1)
6. Date of Birth (mm/dd/yyyy) 12/18/1970 7. Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	15. Current Immigration Status (Visitor, Student, etc.) R2 (Dependent of R1)
8. Marital Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	16. Go to Part 2 of the Instructions, Eligibility Categories. In the space below, place the letter and number of the category you selected from the instructions (For example, (a)(8), (c)(17)(iii), etc.). Eligibility under 8 CFR 274a.12 (C) (9) ()
9. Social Security Number (Include all numbers you have ever used) (if any) -9144	
10. Alien Registration Number (A-Number) or I-94 Number (if any) 32683362310	

Certification.

Your Certification: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information that the U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the Instructions in **Part 2** and have identified the appropriate eligibility category in **Block 16**.

Signature	Telephone Number	Date
	(408) 281-9325	04/25/2007

Signature of Person Preparing Form, If Other Than Above: I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Print Name	Address	Signature	Date
Zaheer Zaidi	4423 Fortran Ct. Suite 200A San Jose, CA 95134		04/25/2007

Remarks	Initial Receipt	Resubmitted	Relocated		Completed		
			Rec'd	Sent	Approved	Denied	Returned

START HERE - Please type or print in black ink.

Part 1. Information about you.

Family Name MIR	Given Name Ahmed	Middle Name Raza
Address - C/O		
Street Number and Name 94 Southgate Ct.		Apt. #
City San Jose		
State California		Zip Code 95138
Date of Birth (mm/dd/yyyy) 04/29/1993	Country of Birth: India Country of Citizenship/Nationality: India	
U.S. Social Security # -9107	A # (if any) None	
Date of Last Arrival (mm/dd/yyyy) 02/20/2004	I-94 # 07185971011	
Current USCIS Status R2	Expires on (mm/dd/yyyy) 01/01/2007	

Part 2. Application Type. (check one)

I am applying for an adjustment to permanent resident status because:

- a. ☒ an immigrant petition giving me an immediately available immigrant visa number has been approved. (Attach a copy of the approval notice, or a relative, special immigrant juvenile or special immigrant military visa petition filed with this application that will give you an immediately available visa number, if approved.)
- b. ☐ my spouse or parent applied for adjustment of status or was granted lawful permanent residence in an immigrant visa category that allows derivative status for spouses and children.
- c. ☐ I entered as a K-1 fiancé(e) of a United States citizen whom I married within 90 days of entry, or I am the K-2 child of such a fiancé(e). (Attach a copy of the fiancé(e) petition approval notice and the marriage certificate).
- d. ☐ I was granted asylum or derivative asylum status as the spouse or child of a person granted asylum and am eligible for adjustment.
- e. ☐ I am a native or citizen of Cuba admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least one year.
- f. ☐ I am the husband, wife or minor unmarried child of a Cuban described above in (e) and am residing with that person, and was admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least one year.
- g. ☐ I have continuously resided in the United States since before January 1, 1972.
- h. ☐ Other basis of eligibility. Explain. (If additional space is needed, use a separate piece of paper.)

I am already a permanent resident and am applying to have the date I was granted permanent residence adjusted to the date I originally arrived in the United States as a nonimmigrant or parolee, or as of May 2, 1964, whichever date is later, and: (Check one)

- i. ☐ I am a native or citizen of Cuba and meet the description in (e), above.
- j. ☐ I am the husband, wife or minor unmarried child of a Cuban, and meet the description in (f), above.

FOR USCIS USE ONLY

Returned	Receipt
Resubmitted	
Reloc Sent	
Reloc Rec'd	
<input type="checkbox"/> Applicant Interviewed	
Section of Law <input type="checkbox"/> Sec. 209(b), INA <input type="checkbox"/> Sec. 13, Act of 9/11/57 <input type="checkbox"/> Sec. 245, INA <input type="checkbox"/> Sec. 249, INA <input type="checkbox"/> Sec. 2 Act of 11/2/66 <input type="checkbox"/> Sec. 2 Act of 11/2/66 <input type="checkbox"/> Other	
Country Chargeable	
Eligibility Under Sec. 245 <input type="checkbox"/> Approved Visa Petition <input type="checkbox"/> Dependent of Principal Alien <input type="checkbox"/> Special Immigrant <input type="checkbox"/> Other	
Preference	
Action Block	
To Be Completed by Attorney or Representative, if any <input checked="" type="checkbox"/> Fill in box if G-28 is attached to represent the applicant VOLAG# ATTY State License # 184749	

Part 3. Processing Information

A. City/Town/Village of Birth Alipur		Current Occupation Student
Your Mother's First Name Syeda		Your Father's First name Nabi
Give your name exactly how it appears on your Arrival /Departure Record (Form I-94) Mir, AhmedRaza		
Place of Last Entry Into the United States (City/State) San Francisco CA		In what status did you last enter? (Visitor, Student, exchange alien, crewman, temporary worker, without inspection, etc.) R2
Were you inspected by a U.S. Immigration Officer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Nonimmigrant Visa Number 49913513		Consulate Where Visa Was Issued Chennai, Madras, India
Date Visa was Issued (mm/dd/yyyy) 01/23/2003	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed

Have you ever before applied for permanent resident status in the U.S.? ☒ No ☐ Yes If you checked "Yes," give date and place of filing and final disposition.

B. List your present husband/wife, all your sons and daughters (if you have none, write "none". If additional space is needed, use separate paper).

Family Name None	Given Name	Middle	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No

C. List your present and past membership in or affiliation with every political organization, association, fund, foundation, party, club, society or similar group in the United States or in other places since your 16th birthday. Include any foreign military service in this part. If none, write "none." Include the name(s) of organization(s), location(s), dates of membership from and to, and the nature of the organization(s). If additional space is needed, use a separate piece of paper.

None

Part 3. Processing Information. (Continued)

Please answer the following questions. (If your answer is "Yes" on any one of these questions, explain on a separate piece of paper. Answering "Yes" does not necessarily mean that you are not entitled to adjust status or register for permanent residence.)


1. Have you ever, in or outside the United States:
 - a. knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested? ☐ Yes ☒ No
 - b. been arrested, cited, charged, indicted, fined or imprisoned for breaking or violating any law or ordinance, excluding traffic violations? ☐ Yes ☒ No
 - c. been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action? ☐ Yes ☒ No
 - d. exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? ☐ Yes ☒ No
2. Have you received public assistance in the United States from any source, including the United States government or any state, county, city or municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future? ☐ Yes ☒ No
3. Have you ever:
 - a. within the past ten years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future? ☐ Yes ☒ No
 - b. engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? ☐ Yes ☒ No
 - c. knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the United States illegally? ☐ Yes ☒ No
 - d. illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded in the illicit trafficking of any controlled substance? ☐ Yes ☒ No
4. Have you ever engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to any person or organization that has ever engaged or conspired to engage in sabotage, kidnapping, political assassination, hijacking or any other form of terrorist activity? ☐ Yes ☒ No
5. Do you intend to engage in the United States in:
 - a. espionage? ☐ Yes ☒ No
 - b. any activity a purpose of which is opposition to, or the control or overthrow of, the government of the United States, by force, violence or other unlawful means? ☐ Yes ☒ No
 - c. any activity to violate or evade any law prohibiting the export from the United States of goods, technology or sensitive information? ☐ Yes ☒ No
6. Have you ever been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party? ☐ Yes ☒ No
7. Did you, during the period from March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist or otherwise participate in the persecution of any person because of race, religion, national origin or political opinion? ☐ Yes ☒ No
8. Have you ever engaged in genocide, or otherwise ordered, incited, assisted or otherwise participated in the killing of any person because of race, religion, nationality, ethnic origin, or political opinion? ☐ Yes ☒ No
9. Have you ever been deported from the United States, or removed from the United States at government expense, excluded within the past year, or are you now in exclusion, deportation, removal or rescission proceedings? ☐ Yes ☒ No
10. Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act for use of fraudulent documents or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the United States or any immigration benefit? ☐ Yes ☒ No
11. Have you ever left the United States to avoid being drafted into the U.S. Armed Forces? ☐ Yes ☒ No
12. Have you ever been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement and have not yet complied with that requirement or obtained a waiver? ☐ Yes ☒ No
13. Are you now withholding custody of a U.S. citizen child outside the United States from a person granted custody of the child? ☐ Yes ☒ No
14. Do you plan to practice polygamy in the United States? ☐ Yes ☒ No

Part 4. Signature. (Read the information on penalties in the instructions before completing this section. You must file this application while in the United States.)

YOUR REGISTRATION WITH THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES. "I understand and acknowledge that, under section 262 of the Immigration and Nationality Act (Act), as an alien who has been or will be in the United States for more than 30 days, I am required to register with the U.S. Citizenship and Immigration Services. I understand and acknowledge that, under section 265 of the Act, I am required to provide USCIS with my current address and written notice of any change of address within ten days of the change. I understand and acknowledge that USCIS will use the most recent address that I provide to USCIS, on any form containing these acknowledgements, for all purposes, including the service of a Notice to Appear should it be necessary for USCIS to initiate removal proceedings against me. I understand and acknowledge that if I change my address without providing written notice to USCIS, I will be held responsible for any communications sent to me at the most recent address that I provided to USCIS. I further understand and acknowledge that, if removal proceedings are initiated against me and I fail to attend any hearing, including an initial hearing based on service of the Notice to Appear at the most recent address that I provided to USCIS or as otherwise provided by law, I may be ordered removed in my absence, arrested by USCIS and removed from the United States."

SELECTIVE SERVICE REGISTRATION. The following applies to you if you are a male at least 18 years old, but not yet 26 years old, who is required to register with the Selective Service System: "I understand that my filing this adjustment of status application with the U.S. Citizenship and Immigration Services authorizes USCIS to provide certain registration information to the Selective Service System in accordance with the Military Selective Service Act. Upon USCIS acceptance of my application, I authorize USCIS to transmit to the Selective Service System my name, current address, Social Security Number, date of birth and the date I filed the application for the purpose of recording my Selective Service registration as of the filing date. If, however, USCIS does not accept my application, I further understand that, if so required, I am responsible for registering with the Selective Service by other means, provided I have not yet reached age 26."


APPLICANT'S CERTIFICATION. I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records that the U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.

Signature	Print Your Name	Date	Daytime Phone Number
	Ahmed Raza Mir	04/25/07	(408) 205-3055

NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested document and this application may be denied.

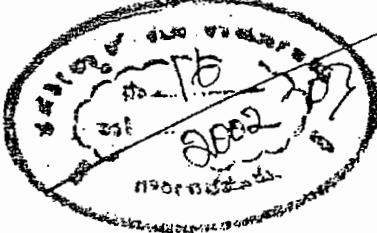
Part 5. Signature of person preparing form if other than above. (Sign Below)

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

Signature	Print Your Name	Date	Day time Phone Number
	Zaheer Zaidi	04/25/07	(408) 942-0320
Firm Name and Address	E-mail Address (if any)		
Elia Law Firm			
4423 Fortran Ct., Suite 200A San Jose CA 95134			

ಕರ್ನಾಟಕ ಸರ್ಕಾರ
Government of Karnataka
ಜನನ ಮತ್ತು ಮರಣಗಳ ಮುಖ್ಯ ರಿಜಿಸ್ಟ್ರಾರರು
Chief Registrar of Birth and Deaths

083593



ಸಮೂಹ ನಂ. 5
(8 ನೇ ನಿಯಮ ನೋಡಿ)
FORM No. 5
(See Rule 8)

ಜನನ ಪ್ರಮಾಣ ಪತ್ರ
(12/17 ನೆಯ ಪ್ರಕರಣ ಮೇರೆಗೆ ಕೊಡಲಾದ)
BIRTH CERTIFICATE
(Issued Under Section 12/17)

ಈ ಕೆಳಕಂಡ ವಿವರಣೆಯನ್ನು ಕರ್ನಾಟಕ ರಾಜ್ಯದಜಿಲ್ಲೆಯ

..... ತಾಲ್ಲೂಕಿನ(ಗ್ರಾಮ/ಪಟ್ಟಣ)

ರಿಜಿಸ್ಟ್ರಾರನಲ್ಲಿರುವ ಜನನ ಸಂಬಂಧವಾದ ಮೂಲ ದಾಖಲೆಯಿಂದ ತೆಗೆದುಕೊಳ್ಳಲಾಗಿದೆಯೆಂದು ಪ್ರಮಾಣೀಕರಿಸಲಾಗಿದೆ.

This is to certify that the following information has been taken from the original record of birth which is the register for ...Alipura..... (village/town) of
.....Gowaribichannur..... ofKoduru..... district of Karnataka State.

(1) ಹೆಸರು
Name Ahamed Raza M.

(2) ತಂದೆಯ ಹೆಸರು
Name of Father Mrs. Nabe Raza

(3) ಲಿಂಗ
Sex Male

(4) ತಾಯಿಯ ಹೆಸರು
Name of mother Syeda Gulshan Zehra

(5) ಜನನವಾದ ತಾರೀಖು
Date of Birth 29-04-93

(6) ನೋಂದಣಿ ಸಂಖ್ಯೆ
Registration No. 35/93

(7) ಜನನವಾದ ಸ್ಥಳ
Place of Birth Alipura

(8) ನೋಂದಣಿ ತಾರೀಖು
Date of Registration 29-04-93

ದಿನಾಂಕ : 2/5/02
Date:

ಪ್ರಮಾಣ ಪತ್ರ ಕೊಡುವ ಪ್ರಾಧಿಕಾರಿಯ ಸಹಿ
Signature of Issuing Authority

ಮೊಹರು :
Seal :

[Signature]
[Seal]
2/5/02

Translation from Kannada to English :-

No.1/2002-03

EDUCATIONAL DEPARTMENT - KARNATAKA STATE

TRANSFER CERTIFICATE

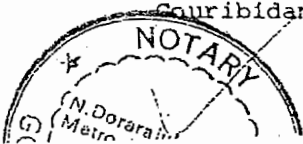
(For Primary/Medium/High School/various purposes)

1. Name of the School		Zainabiya Primary School, Alipur-561 224 Gauribidanur (Tq.) Kolar Dist.)	
2. Admission No. 52/99-2000		3. Cumulative Record No.	
4. Name of the pupil in full		MIR AHMED RAZA	
5. Place of Birth Alipur		7. District Kolar	
6. Taluk Gauribidanur		8. State Karnataka	
9. Sex Male		10. Nationality Indian	
11. Religion Islam		12. Caste Muslim	
13. Sub-Caste Shiya		14. Father's Name	
MIR NABI RAZA		15. Whether the candidate belongs to Schecule Caste or Schedule Tribe ? --	
16. Whether qualified for promition to higher standard ?		Yes promoted to IIIrd Std	
17. Date of Birth (in figures and words)		29/04/1993 Twenty nine-Four-Ninety Three	
18. Standard in which the pupil was reading at the time of leaving the school (in words)		IIInd Standard Second Standard	
19. Inthe case ofpupil of Higher Standards		24. Scholarship if any(nature and period to be specified) --	
a) Languages studied ---		25. Whether medically examined or not	
b) Elective studied --		Yes	
20. Medium of Instruction Urdu		26. Date of pupils last attandance at the school : 11/04/2002	
21. Date of admission or promotion to the class or standard		27. Date on which the application for the Transfer Certificate was received : 30/4/2002	
18/4/2002		28. Date of Issue of Transfer Certificate. 2/5/2002	
22. Whether the pupil had paid all the fees due to the School ? Yes		29. Number of school days upto the date of leaving 243	
23. Fee concessions, if any (nature and period to be specified) no		30. Number of school days the pupil attended 218	
31. Character and conduct : Good			

'Counter Signed'

Sd/- 03/5/02
Block Education Officer
Gauribidanur-561 208

Sd/-
Head Mistress 2/5/02
Zainabiya Primary School,
Alipur-561 224
auribidanur (Tq) Kolar (Dist.)



ವರ್ಗಾವಣೆ ಪ್ರಮಾಣ ಪತ್ರ

(ಪ್ರಾಥಮಿಕ / ಮಾಧ್ಯಮಿಕ / ಪ್ರೌಢಶಾಲಾ / ವಿವಿಧೋದ್ದೇಶ ಶಾಲೆಗಾಗಿ)

೧. ಶಾಲೆಯ ಹೆಸರು	Zainabiya Primary School
೨. ಪ್ರವೇಶ ಸಂಖ್ಯೆ 52/99-2000	೩. ಸಂಚಿಕೆ ದಾಖಲಾತಿ ಸಂಖ್ಯೆ ALIPUR - 551 224, Gauribidanur (Tq.), Kolar (Dist.)
೪. ವಿದ್ಯಾರ್ಥಿಯ ಪೂರ್ಣ ಹೆಸರು	ಮೀನಾ ಲಕ್ಷ್ಮಿ ದೇವಿ
೫. ಹುಟ್ಟಿದ ಸ್ಥಳ	ಜಿಲ್ಲಾ ಕೋಟೆ.
೬. ತಾಲ್ಲೂಕು	ಕೋಟೆ.
೭. ಲಿಂಗ ಗಂಡು	ಗಂಡು.
೮. ಜಾತಿ ಮುಸ್ಲಿಂ	ಮುಸ್ಲಿಂ.
೯. ತಂದೆಯ ಹೆಸರು	ಮೀನಾ ಸೇವಾ ರೆಡ್ಡಿ
೧೦. ವಿದ್ಯಾರ್ಥಿಯು ಪರಿಶಿಷ್ಟ ಜಾತಿ ಅಥವಾ ಪರಿಶಿಷ್ಟ ವರ್ಗಕ್ಕೆ ಸೇರಿದವನಾಗಿದ್ದಾನೆಯೇ?	ಹೌದು ಮುಂದಿನ ತರಗತಿಗೆ ಉತ್ತೀರ್ಣಗೊಳಿಸಲು ಅರ್ಹನಾಗಿದ್ದಾನೆಯೇ? ಹೌದು ೩ನೇ ತರಗತಿಗೆ
೧೧. ಜನ್ಮ ದಿನಾಂಕ (ಅಕ್ಷರಗಳಲ್ಲಿ ಮತ್ತು ಅಂಕಗಳಲ್ಲಿ)	೨೯/೦೪/೧೯೯೩ ಶಿವಕುಮಾರಪುರ - ನಾಯ್ಕ - ಶಿಂಚಿಪುರ ಮೊಳು.
೧೨. ಶಾಲೆಯನ್ನು ಬಿಡುವಾಗ ವಿದ್ಯಾರ್ಥಿಯು ಒದ್ದುತ್ತಿದ್ದ ದರ್ಜೆ:	೨ನೇ ತರಗತಿ
ತರಗತಿ (ಅಕ್ಷರಗಳಲ್ಲಿ)	೨ನೇ ತರಗತಿ
೧೩. ಪ್ರೌಢ ತರಗತಿಯ ವಿದ್ಯಾರ್ಥಿಗಳ ವಿಷಯದಲ್ಲಿ:	೨೪. ವಿದ್ಯಾರ್ಥಿವೇತನ ಯಾವುದಾದರೂ ಇದ್ದಲ್ಲಿ (ಸ್ವರೂಪ ಮತ್ತು ಅವಧಿಯನ್ನು ನಿರ್ದಿಷ್ಟಪಡಿಸತಕ್ಕದ್ದು) -
(ಎ) ಅಧ್ಯಯನ	೨೫. ವೈದ್ಯಕೀಯ ಪರೀಕ್ಷೆ ಮಾಡಲಾಗಿದೆಯೇ ಇಲ್ಲವೇ
ಮಾಡಿದ ಭಾಷೆ	ಮಾಡಿದ.
(ಬಿ) ಅಧ್ಯಯನ ಮಾಡಿದ ಐಚ್ಛಿಕ ವಿಷಯಗಳು	೨೬. ಶಾಲೆಗೆ ವಿದ್ಯಾರ್ಥಿಯು ಕಡೆಯ ಬಾರಿ ಹಾಜರಿದ್ದ ದಿನಾಂಕ 11/04/2002.
೧೪. ಬೋಧನಾ ಮಾಧ್ಯಮ	೨೭. ವರ್ಗಾವಣೆ ಪ್ರಮಾಣ ಪತ್ರಕ್ಕಾಗಿ ಅರ್ಜಿಯನ್ನು ಸೀಕರಿಸಿದ ದಿನಾಂಕ 30/4/2002
೧೫. ಆ ವರ್ಗಕ್ಕೆ ಅಥವಾ ತರಗತಿಗೆ ಪ್ರವೇಶ ಪಡೆದ ಅಥವಾ ಬಡ್ತಿ ಪಡೆದ ದಿನಾಂಕ 18/4/2002.	೨೮. ವರ್ಗಾವಣೆ ಪ್ರಮಾಣ ಪತ್ರ ನೀಡಿದ ದಿನಾಂಕ 2/5/2002
೧೬. ಶಾಲೆಗೆ ಬಾಕಿಯಿರುವ ಎಲ್ಲಾ ಶುಲ್ಕಗಳನ್ನು ವಿದ್ಯಾರ್ಥಿಯು ಪಾವತಿ ಮಾಡಿದ್ದಾನೆಯೇ? ಹೌದು.	೨೯. ಶಾಲೆ ಬಿಟ್ಟ ದಿನಾಂಕದವರೆಗಿನ ಶಾಲೆಯ ದಿನಗಳ ಸಂಖ್ಯೆ 243
೧೭. ಶುಲ್ಕ ವಿನಾಯಿತಿ ಯಾವುದಾದರೂ ಇದ್ದಲ್ಲಿ (ಸ್ವರೂಪ ಮತ್ತು ಅವಧಿಯನ್ನು ನಿರ್ದಿಷ್ಟಪಡಿಸತಕ್ಕದ್ದು)	೩೦. ವಿದ್ಯಾರ್ಥಿಯು ಹಾಜರಾಗಿದ್ದ ಶಾಲೆಯ ದಿನಗಳ ಸಂಖ್ಯೆ 218
	೩೧. ಶಾಲೆ ಮತ್ತು ಚಾರಿತ್ರ್ಯ

Counter Signature
ಶಿಕ್ಷಣ ಇಲಾಖೆ
ಕೋಟೆ, ಕರ್ನಾಟಕ
561208

HEAD MISTRESS
Zainabiya Primary School
ALIPUR - 551 224
Gauribidanur (Tq.), Kolar (Dist.)

ಸೂಚನೆ:- ತಂದೆ ತಾಯಿ ಅಥವಾ ಪಾಲಕರ ಕೋರಿಕೆಯ ಮೇರೆ ಈ ಪ್ರಮಾಣ ಪತ್ರವನ್ನು ನೀಡತಕ್ಕದ್ದು, ಮೂಲವು ಕಳೆದುಹೋಗಿದ ಎಂಬ ಣದ ಮೇಲೆ ನಕಲು ಪ್ರತಿಗಳಿಗಾಗಿ ಕೋರಿಕೆಯನ್ನು ಸಲ್ಲಿಸಿದ ಸಂದರ್ಭದಲ್ಲಿ ಪ್ರೌಢ / ಮಾಧ್ಯಮಿಕ / ವಿವಿಧೋದ್ದೇಶ ಶಾಲೆಗಳಲ್ಲಿ ಬಿಡು ರಾ. ಹಾಗೂ ಧ್ಯಮಿಕ ಮತ್ತು ಪ್ರಾಥಮಿಕ ಶಾಲೆಗಳಲ್ಲಿ ೨೫ ವರ್ಷಗಳನ್ನು ದಂಡವಾಗಿ ಸಂಗ್ರಹಿಸತಕ್ಕದ್ದು (ನೋಡಿ ಶಿಕ್ಷಣ ನಿಯಮ ಸಂ.೨೬)



हमारे द्वारा, भारत गणराज्य के राष्ट्रपति के नाम पर, उन सब से विनम्र
 स्तुति बताने से अनुरोध है, यह प्रार्थना है कि वे भारत को बिना रुक-टोक,
 आवाही से आने-जाने दें, और उसे हर तरह की ऐसी सहायता और सुरक्षा प्रदान करें
 जिसकी उसे आवश्यकता हो।

THESE ARE TO REQUEST AND REQUIRE IN THE NAME OF THE
 PRESIDENT OF THE REPUBLIC OF INDIA ALL THOSE WHOM IT MAY
 CONCERN TO ALLOW THE BEARER TO PASS FREELY WITHOUT LET ON
 HINDERANCE AND TO AFFORD HIM OR HER, EVERY ASSISTANCE AND
 PROTECTION OF WHICH HE OR SHE MAY STAND IN NEED.

भारत गणराज्य के राष्ट्रपति के आदेश से दिया गया
 BY ORDER OF THE PRESIDENT OF THE
 REPUBLIC OF INDIA



एल. आर. सासिकुमार
 L. R. SASIKUMAR

प्रति पारंपरिक अधिकारी, बंगलूर,
 For Passport Officer, Bangalore

भारत गणराज्य REPUBLIC OF INDIA



Ahmed

प्रकार / Type	राष्ट्रीय कोड / Country Code	पासपोर्ट नं. / Passport No.
	IND	E 1053800
उपनाम / Surname	MIR	
दिए गए नाम / Given Names	AHMED RAZA	
राष्ट्रियता / Nationality	लिंग / Sex	जन्म तिथि / Date of Birth
INDIAN	MALE	29.04.1993
जन्म स्थान / Place of Birth	ANAPUR K.S	
जारी करने का स्थान / Place of issue	BANGALORE	
जारी करने की तिथि / Date of issue	समाप्ति की तिथि / Date of Expiry	
27.02.2002	26.02.2007	

संश्लेषण, पाकिस्तान और यूरोप के अन्य सभी देश
(अपवाद की खास शरतों को छोड़कर) और अन्य
अमेरिका, जापान, न्यूजीलैंड और ऑस्ट्रेलिया को छोड़कर
परदेरास्ती के लिए अन्य आवश्यक
Immigration Check Request (ICR) except for
Bangladesh, Pakistan and countries
in Europe (Excluding Commonwealth of
Independent States (CIS), North America, Japan,
New Zealand and Australia.)

उपरोक्त धारा:
Immigration Status

उपरोक्त धारा: 10(1)
Emigration Check Not Required (ECNR)



एल आर. सासिकुमार
L. R. SASIKUMAR
प्रति पारपत्र अधिकारी, बेंगलूर.
For Passport Officer, Bangalore.

इस पारपत्र में 35 पृष्ठ हैं। (This passport contains 36 pages.)

आर. वि. आर.

आर. वि. आर.

2005

VNINDMIR<<AHMED<RAZA<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<
E.1053800<3IND9304295M0301235R2402C59A2B04229

May 10, 2002

US Consulate General Chennai

22nd JUNE MAY 2002

Application Received
Date of Receipt: 10/05/2002
Date of Issue: 10/05/2002
Place of Issue: Chennai

7/29/02
V326

आवेदन प्राप्त
दिनांक: 10/05/2002
प्रकार: नया
स्थान: चेन्नई

REGISTRATION
CAUTION

INDIAN CITIZENS RESIDENT ABROAD ARE ADVISED TO REGISTER THEMSELVES AT THE NEAREST INDIAN MISSION/POST.
THIS PASSPORT IS THE PROPERTY OF THE GOVERNMENT OF INDIA. ANY COUNTERFEITING RECEIVED BY HOLDER FROM THE PASSPORT AUTHORITY REGARDING THIS PASSPORT, INCLUDING DEMAND FOR ITS SURRENDER, SHOULD BE COMPLIED WITH IMMEDIATELY.
PASSPORT SHOULD NOT BE SENT OUT OF ANY COUNTRY BY POST. IT SHOULD BE IN THE CUSTODY EITHER OF THE HOLDER OR OF A PERSON AUTHORIZED BY THE HOLDER. IT MUST NOT BE ALTERED OR IMITATED IN ANY WAY.

LOSS, THEFT OR DESTRUCTION OF PASSPORTS SHOULD BE IMMEDIATELY REPORTED TO THE NEAREST PASSPORT AUTHORITY IN INDIA OR (IF THE HOLDER IS ABROAD) TO THE NEAREST INDIAN MISSION AND TO THE LOCAL POLICE. ONLY AFTER EXHAUSTIVE ENQUIRIES SHALL A REPLACEMENT PASSPORT BE ISSUED.

पिता का नाम/प्राप्तकर्ता का नाम/Name of Father/Legal Guardian

MIR NABI RAZA

माता का नाम/Name of Mother

SYEDA GULSHAN ZEHR

पति या पत्नी का नाम/Name of Spouse

पता/Address

1-K.ROAD ALIPUR

GAURI BIDANUR

KOLAR - 561224 K.S

पुराने पासपोर्ट का नं. और दिनांक जारी होने का स्थान एवं तिथि/Old Passport No. with date and Place of Issue

फाइल नं./File No.

V326/02

Department of Homeland Security
U.S. Citizenship and Immigration Services

**I-765, Application for
Employment Authorization**

Do not write in this block.

Remarks	Action Block	Fee Stamp
A#		
Applicant is filing under §274a.12 _____		
<input type="checkbox"/> Application Approved. Employment Authorized / Extended (<i>Circle One</i>) until _____ (Date). Subject to the following conditions: _____ (Date). <input type="checkbox"/> Application Denied. <input type="checkbox"/> Failed to establish eligibility under 8 CFR 274a.12 (a) or (c). <input type="checkbox"/> Failed to establish economic necessity as required in 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)		

I am applying for: ☒ Permission to accept employment.
☐ Replacement (*of lost employment authorization document*)
☐ Renewal of my permission to accept employment (*attach previous employment authorization document*).

1. Name (Family Name in CAPS) (First) (Middle) MIR, Ahmed Raza	11. Have you ever before applied for employment authorization from USCIS? <input type="checkbox"/> Yes (If yes, complete below). <input checked="" type="checkbox"/> No Which USCIS Office? _____ Date(s) _____ N/A
2. Other Names Used (Include Maiden Name) None	Results (Granted or Denied - attach all documentation) N/A
3. Address in the United States (Number and Street) (Apt. Number) 94 Southgate Ct. (Town or City) (State/Country) (ZIP Code) San Jose, California 95138	12. Date of Last Entry into the U.S. (mm/dd/yyyy) 02/20/2004
4. Country of Citizenship/Nationality India	13. Place of Last Entry into the U.S. San Francisco, California
5. Place of Birth (Town or City) (State/Province) (Country) Alipur, Karnataka, India	14. Manner of Last Entry (Visitor, Student, etc.) R2
6. Date of Birth (mm/dd/yyyy) 04/29/1993	15. Current Immigration Status (Visitor, Student, etc.) R2 (Dependent of R1)/Adjustment Applicant
7. Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	16. Go to Part 2 of the Instructions, Eligibility Categories. In the space below, place the letter and number of the category you selected from the instructions (For example, (a)(8), (c)(17)(iii), etc.). Eligibility under 8 CFR 274a.12 (C) (9) ()
8. Marital Status <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
9. Social Security Number (Include all numbers you have ever used) (if any)	
10. Alien Registration Number (A-Number) or I-94 Number (if any) 07185971011	

Certification.

Your Certification: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information that the U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the Instructions in **Part 2** and have identified the appropriate eligibility category in **Block 16**.

Signature	Telephone Number	Date
	(408) 205-3055	04/25/2007

Signature of Person Preparing Form, If Other Than Above: I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Print Name	Address	Signature	Date
Zaheer Zaidi	4423 Fortran Ct. Suite 200A San Jose, CA 95134		04/25/2007

Remarks	Initial Receipt	Resubmitted	Relocated			Completed		
			Rec'd	Sent	Approved	Denied	Returned	

START HERE - Please type or print in black ink.

Part 1. Information about you.

Family Name MIR		Given Name Ali	Middle Name Raza
Address - C/O			
Street Number and Name 94 Southgate Ct.		Apt. #	
City San Jose			
State California		Zip Code 95138	
Date of Birth (mm/dd/yyyy) 10/14/1994	Country of Birth: Iran		
Country of Citizenship/Nationality: India			
U.S. Social Security # -9095		A # (if any) None	
Date of Last Arrival (mm/dd/yyyy) 02/20/2004		I-94 # 07185972911	
Current USCIS Status R2		Expires on (mm/dd/yyyy) 01/01/2007	

Part 2. Application Type. (check one)

I am applying for an adjustment to permanent resident status because:

- a. ☒ an immigrant petition giving me an immediately available immigrant visa number has been approved. (Attach a copy of the approval notice, or a relative, special immigrant juvenile or special immigrant military visa petition filed with this application that will give you an immediately available visa number, if approved.)
- b. ☐ my spouse or parent applied for adjustment of status or was granted lawful permanent residence in an immigrant visa category that allows derivative status for spouses and children.
- c. ☐ I entered as a K-1 fiancé(e) of a United States citizen whom I married within 90 days of entry, or I am the K-2 child of such a fiancé(e). (Attach a copy of the fiancé(e) petition approval notice and the marriage certificate).
- d. ☐ I was granted asylum or derivative asylum status as the spouse or child of a person granted asylum and am eligible for adjustment.
- e. ☐ I am a native or citizen of Cuba admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least one year.
- f. ☐ I am the husband, wife or minor unmarried child of a Cuban described above in (e) and am residing with that person, and was admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least one year.
- g. ☐ I have continuously resided in the United States since before January 1, 1972.
- h. ☐ Other basis of eligibility. Explain. (If additional space is needed, use a separate piece of paper.)

I am already a permanent resident and am applying to have the date I was granted permanent residence adjusted to the date I originally arrived in the United States as a nonimmigrant or parolee, or as of May 2, 1964, whichever date is later, and: (Check one)

- i. ☐ I am a native or citizen of Cuba and meet the description in (e), above.
- j. ☐ I am the husband, wife or minor unmarried child of a Cuban, and meet the description in (f), above.

FOR USCIS USE ONLY

Returned	Receipt
Resubmitted	
Reloc Sent	
Reloc Rec'd	
<input type="checkbox"/> Applicant Interviewed	

Section of Law

- ☐ Sec. 209(b), INA
☐ Sec. 13, Act of 9/11/57
☐ Sec. 245, INA
☐ Sec. 249, INA
☐ Sec. 2 Act of 11/2/66
☐ Sec. 2 Act of 11/2/66
☐ Other _____

Country Chargeable

Eligibility Under Sec. 245

- ☐ Approved Visa Petition
☐ Dependent of Principal Alien
☐ Special Immigrant
☐ Other _____

Preference

Action Block

**To Be Completed by
Attorney or Representative, if any**

☒ Fill in box if G-28 is attached to represent the applicant

VOLAG#

ATTY State License #
184749

Part 3. Processing Information

A. City/Town/Village of Birth Qum		Current Occupation Student
Your Mother's First Name Syeda		Your Father's First name Syed
Give your name exactly how it appears on your Arrival /Departure Record (Form I-94) Mir, AliRaza		
Place of Last Entry Into the United States (City/State) San Francisco CA		In what status did you last enter? (Visitor, Student, exchange alien, crewman, temporary worker, without inspection, etc.) R2
Were you inspected by a U.S. Immigration Officer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Nonimmigrant Visa Number 49913514		Consulate Where Visa Was Issued Chennai, India
Date Visa was Issued (mm/dd/yyyy) 01/23/2003	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed

Have you ever before applied for permanent resident status in the U.S.? ☒ No ☐ Yes If you checked "Yes," give date and place of filing and final disposition.

B. List your present husband/wife, all your sons and daughters (if you have none, write "none". If additional space is needed, use separate paper).

Family Name None	Given Name	Middle	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No

C. List your present and past membership in or affiliation with every political organization, association, fund, foundation, party, club, society or similar group in the United States or in other places since your 16th birthday. Include any foreign military service in this part. If none, write "none." Include the name(s) of organization(s), location(s), dates of membership from and to, and the nature of the organization(s). If additional space is needed, use a separate piece of paper.

None

Part 3. Processing Information. (Continued)

Please answer the following questions. (If your answer is "Yes" on any one of these questions, explain on a separate piece of paper. Answering "Yes" does not necessarily mean that you are not entitled to adjust status or register for permanent residence.)

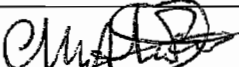
1. Have you ever, in or outside the United States:
 - a. knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested? ☐ Yes ☒ No
 - b. been arrested, cited, charged, indicted, fined or imprisoned for breaking or violating any law or ordinance, excluding traffic violations? ☐ Yes ☒ No
 - c. been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action? ☐ Yes ☒ No
 - d. exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? ☐ Yes ☒ No
2. Have you received public assistance in the United States from any source, including the United States government or any state, county, city or municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future? ☐ Yes ☒ No
3. Have you ever:
 - a. within the past ten years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future? ☐ Yes ☒ No
 - b. engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? ☐ Yes ☒ No
 - c. knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the United States illegally? ☐ Yes ☒ No
 - d. illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded in the illicit trafficking of any controlled substance? ☐ Yes ☒ No
4. Have you ever engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to any person or organization that has ever engaged or conspired to engage in sabotage, kidnapping, political assassination, hijacking or any other form of terrorist activity? ☐ Yes ☒ No
5. Do you intend to engage in the United States in:
 - a. espionage? ☐ Yes ☒ No
 - b. any activity a purpose of which is opposition to, or the control or overthrow of, the government of the United States, by force, violence or other unlawful means? ☐ Yes ☒ No
 - c. any activity to violate or evade any law prohibiting the export from the United States of goods, technology or sensitive information? ☐ Yes ☒ No
6. Have you ever been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party? ☐ Yes ☒ No
7. Did you, during the period from March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist or otherwise participate in the persecution of any person because of race, religion, national origin or political opinion? ☐ Yes ☒ No
8. Have you ever engaged in genocide, or otherwise ordered, incited, assisted or otherwise participated in the killing of any person because of race, religion, nationality, ethnic origin, or political opinion? ☐ Yes ☒ No
9. Have you ever been deported from the United States, or removed from the United States at government expense, excluded within the past year, or are you now in exclusion, deportation, removal or rescission proceedings? ☐ Yes ☒ No
10. Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act for use of fraudulent documents or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the United States or any immigration benefit? ☐ Yes ☒ No
11. Have you ever left the United States to avoid being drafted into the U.S. Armed Forces? ☐ Yes ☒ No
12. Have you ever been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement and have not yet complied with that requirement or obtained a waiver? ☐ Yes ☒ No
13. Are you now withholding custody of a U.S. citizen child outside the United States from a person granted custody of the child? ☐ Yes ☒ No
14. Do you plan to practice polygamy in the United States? ☐ Yes ☒ No

Part 4. Signature. (Read the information on penalties in the instructions before completing this section. You must file this application while in the United States.)

YOUR REGISTRATION WITH THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES. "I understand and acknowledge that, under section 262 of the Immigration and Nationality Act (Act), as an alien who has been or will be in the United States for more than 30 days, I am required to register with the U.S. Citizenship and Immigration Services. I understand and acknowledge that, under section 265 of the Act, I am required to provide USCIS with my current address and written notice of any change of address within ten days of the change. I understand and acknowledge that USCIS will use the most recent address that I provide to USCIS, on any form containing these acknowledgements, for all purposes, including the service of a Notice to Appear should it be necessary for USCIS to initiate removal proceedings against me. I understand and acknowledge that if I change my address without providing written notice to USCIS, I will be held responsible for any communications sent to me at the most recent address that I provided to USCIS. I further understand and acknowledge that, if removal proceedings are initiated against me and I fail to attend any hearing, including an initial hearing based on service of the Notice to Appear at the most recent address that I provided to USCIS or as otherwise provided by law, I may be ordered removed in my absence, arrested by USCIS and removed from the United States."

SELECTIVE SERVICE REGISTRATION. The following applies to you if you are a male at least 18 years old, but not yet 26 years old, who is required to register with the Selective Service System: "I understand that my filing this adjustment of status application with the U.S. Citizenship and Immigration Services authorizes USCIS to provide certain registration information to the Selective Service System in accordance with the Military Selective Service Act. Upon USCIS acceptance of my application, I authorize USCIS to transmit to the Selective Service System my name, current address, Social Security Number, date of birth and the date I filed the application for the purpose of recording my Selective Service registration as of the filing date. If, however, USCIS does not accept my application, I further understand that, if so required, I am responsible for registering with the Selective Service by other means, provided I have not yet reached age 26."


APPLICANT'S CERTIFICATION. I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records that the U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.

Signature		Print Your Name	Date	Daytime Phone Number
		Ali Raza Mir	04/25/2007	(408) 205-3055

NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested document and this application may be denied.

Part 5. Signature of person preparing form if other than above. (Sign Below)

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

Signature		Print Your Name	Date	Day time Phone Number
		Zaheer Zaidi	04/25/2007	(408) 942-0320
Firm Name and Address	Elia Law Firm 4423 Fortran Ct., Suite 200A San Jose CA 95134			E-mail Address (if any)

ಗ್ರಾಮ ಪಂಚಾಯ್ತಿ ಕಾರ್ಯಾಲಯ ಅಲೀಪುರ

ಗೌರಿಬಿದನೂರು ತಾಲ್ಲೂಕು, ಕೋಲಾರ ಜಿಲ್ಲೆ.

=====

ನಂ. AGP/1469/02

ದಿನಾಂಕ.....11/6/02

TO WHOMSOEVER IT MAY CONCERN

This is to state that as per records available with us the marriage (Nikah) of MR. MIR NABI RAZA with SYEDA GULSHAN ZEHRA was performed on 12-12-91 at Alipur in accordance with Mohammedance (Shia) law and they continue to be man and wife to date.

One son MIR AHMED RAZA was born to the couple at Alipur on 29-04-1993 and one other son MIR ALI RAZA is reported to have been born at Qum, Iran on 14-10-1994 where Mr. MIR NABI RAZA was staying in connection with his studies.

Sgt G. S. Ali

ವರ್ಗ ಪ್ರಮಾಣ ಪತ್ರ

(ಪ್ರಾಥಮಿಕ / ಮಾಧ್ಯಮಿಕ / ಪ್ರೌಢಶಾಲಾ / ವಿವಿಧೋದ್ದೇಶ ಶಾಲೆಗಾಗಿ)

೧. ಶಾಲೆಯ ಹೆಸರು	ZAINABIYA PRIMARY School ALIPUR
೨. ಪ್ರವೇಶ ಸಂಖ್ಯೆ 53/99-00	ಸಂಚಿಕೆ ದಾಖಲಾತಿ ಸಂಖ್ಯೆ -
೪. ವಿದ್ಯಾರ್ಥಿಯ ಪೂರ್ಣ ಹೆಸರು	MIR ALI RAZA
೫. ಹುಟ್ಟಿದ ಸ್ಥಳ Q10M	Q10M CITY Iran
೬. ತಾಲ್ಲೂಕು -	Islam Shia
೯. ಲಿಂಗ Boy	no. ರಾಷ್ಟ್ರೀಯ
೧೦. ಜಾತಿ muslim	India
೧೪. ತಂದೆಯ ಹೆಸರು	MIR NABI RAZA
೧೫. ವಿದ್ಯಾರ್ಥಿಯು ಪರಿಶಿಷ್ಟ ಜಾತಿ ಅಥವಾ ಪರಿಶಿಷ್ಟ ವರ್ಗಕ್ಕೆ ಸೇರಿದವನಾಗಿದ್ದಾನೆಯೇ?	೧೬. ಮುಂದಿನ ತರಗತಿಗೆ ಉತ್ತೀರ್ಣಗೊಳಿಸಲು ಆಹ್ವಾನಿಸಿದ್ದಾನೆಯೇ? Promoted to III std.
೧೭. ಜನ್ಮ ದಿನಾಂಕ (ಅಕ್ಷರಗಳಲ್ಲಿ ಮತ್ತು ಅಂಕಗಳಲ್ಲಿ)	14-10-94 Fourteenth - October Ninty Four.
೧೮. ಶಾಲೆಯನ್ನು ಬಿಡುವಾಗ ವಿದ್ಯಾರ್ಥಿಯು ಒದ್ದುತ್ತಿದ್ದ ದರ್ಜೆ: ತರಗತಿ (ಅಕ್ಷರಗಳಲ್ಲಿ)	II Std. Second Standard.
೧೯. ಪ್ರೌಢ ತರಗತಿಯ ವಿದ್ಯಾರ್ಥಿಗಳ ವಿಷಯದಲ್ಲಿ: (ಎ) ಅಧ್ಯಯನ Urdu, English ಮಾಡಿದ ಭಾಷೆ Kannada, math (ಬಿ) ಅಧ್ಯಯನ ಮಾಡಿದ Science ಐಚ್ಛಿಕ ವಿಷಯಗಳು Social	೨೪. ವಿದ್ಯಾರ್ಥಿವೇತನ ಯಾವುದಾದರೂ ಇದ್ದಲ್ಲಿ (ಸ್ವರೂಪ ಮತ್ತು ಅವಧಿಯನ್ನು ನಿರ್ದಿಷ್ಟಪಡಿಸತಕ್ಕದ್ದು) - ೨೫. ವೈದ್ಯಕೀಯ ಪರೀಕ್ಷೆ ಮಾಡಲಾಗಿದೆಯೇ ಇಲ್ಲವೇ - Yes -
೨೦. ಬೋಧನಾ ಮಾಧ್ಯಮ Urdu	೨೬. ಶಾಲೆಗೆ ವಿದ್ಯಾರ್ಥಿಯು ಕಡೆಯ ಬಾರಿ ಹಾಜರಿದ್ದ ದಿನಾಂಕ 11-04-2002
೨೧. ಆ ವರ್ಗಕ್ಕೆ ಅಥವಾ ತರಗತಿಗೆ ಪ್ರವೇಶ ಪಡೆದ ಅಥವಾ ಬಡ್ತಿ ಪಡೆದ ದಿನಾಂಕ 18/4/02	೨೭. ವರ್ಗವಣಿ ಪ್ರಮಾಣ ಪತ್ರಕ್ಕಾಗಿ ಅರ್ಜಿಯನ್ನು ಸೀಕರಿಸಿದ ದಿನಾಂಕ 03-4-2002
೨೨. ಶಾಲೆಗೆ ಬಾಕಿಯಿರುವ ಎಲ್ಲಾ ಶುಲ್ಕಗಳನ್ನು ವಿದ್ಯಾರ್ಥಿಯು ಪಾವತಿ ಮಾಡಿದ್ದಾನೆಯೇ? - Yes	೨೮. ವರ್ಗವಣಿ ಪ್ರಮಾಣ ಪತ್ರ ನೀಡಿಕೆ ದಿನಾಂಕ 07/06/04
೨೩. ಶುಲ್ಕ ವಿನಾಯಿತಿ ಯಾವುದಾದರೂ ಇದ್ದಲ್ಲಿ (ಸ್ವರೂಪ ಮತ್ತು ಅವಧಿಯನ್ನು ನಿರ್ದಿಷ್ಟಪಡಿಸತಕ್ಕದ್ದು) NO	೨೯. ಶಾಲೆ ಬಿಟ್ಟ ದಿನಾಂಕದವರೆಗಿನ ಶಾಲೆಯ ದಿನಗಳ ಸಂಖ್ಯೆ 243 days ೩೦. ವಿದ್ಯಾರ್ಥಿಯು ಹಾಜರಾಗಿದ್ದ ಶಾಲೆಯ ದಿನಗಳ ಸಂಖ್ಯೆ 218.5 (219 days) ೩೧. ಶಿಲ ಮತ್ತು ಚಾರಿತ್ರ್ಯ Good.

Mud
HEAD-MISTRESS
Zainabiya Primary School
Alipur

ಸೂಚನೆ:- ತಂದೆ ತಾಯಿಗಳ ಅಥವಾ ಪಾಲಕರ ಕೋರಿಕೆಯ ಮೇರೆಗೆ ಈ ಪ್ರಮಾಣ ಪತ್ರವನ್ನು ನೀಡತಕ್ಕದ್ದು, ಮೂಲವು ಕಳೆದುಹೋದ ಎಂಬ ಕಾರಣದ ಮೇಲೆ ನಕಲು ಪ್ರತಿಗಳಾಗಿ ಕೋರಿಕೆಯನ್ನು ಸಲ್ಲಿಸಿದ ಸಂದರ್ಭದಲ್ಲಿ ಪ್ರೌಢ / ಮಾಧ್ಯಮಿಕ / ಪ್ರೌಢಶಾಲಾ / ವಿವಿಧೋದ್ದೇಶ ಶಾಲೆಗಳಲ್ಲಿ ಒಂದು ಈ ಪ್ರಮಾಣ ಪತ್ರವನ್ನು ನೀಡತಕ್ಕದ್ದು. (ನೋಡಿ ಶಿಕ್ಷಣ ನಿಯಮ ಸಂ.೩೬)

**Gov. nment of Karnataka Education Dep. ment
Transfer Certificate**

1.	Name of the School	ZAINABIYA PRIMARY SCHOOL, ALIPUR
2.	Admission No. 53/99-00	3. Cumulative Record Nos.
4.	Name of the Pupil	MIR ALI RAZA
5.	Place of Birth QIOM	6. District - QIOM City
7.	Taluk	8. Country - Iran
9.	Sex - Boy	10. Nationality Indian
11.	Caste - Muslim	12. Sub Caste - Shia
13.	Name of the Father	MIR NABI RAZA
14.	Whether the candidate belongs to Schedule Caste / Schedule Tribe - No -	15. Whether Qualified for promotion to Higher Studies - Yes Promoted to IIIrd Standard -
16.	Date of Birth [in figures and words]	14-10-1994 [Fourteen - Ten- Nineteen Ninety Four]
17.	Standard in which the Pupil was reading at the time of leaving the School. In words	II nd- Second Standard
18.	In the case pupil of Higher Standard	24. Scholarship if any [Nature and Period to be specified] _____
19.	a. Languages Studied - Urdu, English, Kannada,	25. Whether Medically Examined or Not - Yes -
20.	b. Electives Studied - Science, Social Science and Maths	26. Date of pupil's last attendance at the School 11-04-2002
21.	Medium of Instruction Urdu	27. Date on which the application for the Transfer Certificate was made 03-04-2002
22.	Date of Admission or Promotion to the Class or Standard 18-04-2002	28. Date of issue of Transfer Certificate 07-06-2004
23.	Whether the pupil had paid all the fees due to the School - Yes -	29. No. of School days up to the date of leaving 243
24.	Fee concession if [Nature and Period to be specified] - No -	30. No. of School days the pupil attended 218.5 [219 days]
25.		31. Character and Conduct Good

Sd/-
Head Mistress,
Zainabiya Primary School,
Alipur - 561224,
Gauribidbur Taluk, Koalr District

Certified that the above is a true translation and transcription of the original in Kannada and English languages and the same is translated by me.

NOTARY

S A RAZA

ATTESTED BY MB

ಶಿಕ್ಷಣ ಇಲಾಖೆ - ಕರ್ನಾಟಕ ರಾಜ್ಯ
ವರ್ಗಾವಣೆ ಪ್ರಮಾಣ ಪತ್ರ
ಪ್ರಾಥಮಿಕ / ಮಾಧ್ಯಮಿಕ / ಪ್ರೌಢಶಾಲಾ / ಎಮ್‌ದೋದ್ದೇಶ ಶಾಲೆಗಾಗಿ

ಸಂಖ್ಯೆ ~~158/04~~
67/0304
22/5/04

೧. ಶಾಲೆಯ ಹೆಸರು	Govt. Urdu Higher Primary Boys School ALIPUR
೨. ಪ್ರವೇಶ ಸಂಖ್ಯೆ	58/2001-02
೩. ಸಂಚಿತ ದಾಖಲೆ ಸಂಖ್ಯೆ	
೪. ವಿದ್ಯಾರ್ಥಿಯ ಪೂರ್ಣ ಹೆಸರು	MIR ALI RAZA
೫. ಲಿಂಗ	Male (೬) ರಾಷ್ಟ್ರೀಯತೆ
೬. ತಂದೆಯ ಹೆಸರು	MIR NABI RAZA
೭. ವಿದ್ಯಾರ್ಥಿಯು ಪರಿಶಿಷ್ಟ ಜಾತಿ ಅಥವಾ ಪರಿಶಿಷ್ಟ ವರ್ಗಕ್ಕೆ ಸೇರಿದವನಾಗಿದ್ದಾನೆಯೇ?	NO
೧೦. ಜನ್ಮ ದಿನಾಂಕ (ಅಕ್ಷರಗಳಲ್ಲಿ ಮತ್ತು ಅಂಕಗಳಲ್ಲಿ)	14-10-1994 (Fourteen-Ten-Nineteen-Nine-Four)
೧೨. ಶಾಲೆಯನ್ನು ಬಿಡುವಾಗ ವಿದ್ಯಾರ್ಥಿಯು ಓದುತ್ತಿದ್ದ ದರ್ಜೆ : ತರಗತಿ (ಅಕ್ಷರಗಳಲ್ಲಿ)	II Second Standard.
೧೩. ಪ್ರೌಢ ತರಗತಿಯಲ್ಲಿ ವಿದ್ಯಾರ್ಥಿಗಳ ವಿಷಯದಲ್ಲಿ (ಎ) ಅಧ್ಯಯನ ಮಾಡಿ ಭಾಷೆ (ಬಿ) ಅಧ್ಯಯನ ಮಾಡಿದ ಐಚ್ಛಿಕ ವಿಷಯಗಳು	೧೪. ವಿದ್ಯಾರ್ಥಿ ವೇತನ ಯಾವುದಾದರೂ ಇದ್ದಲ್ಲಿ (ಸ್ವರೂಪ ಮತ್ತು ಅವಧಿಯನ್ನು ನಿರ್ದಿಷ್ಟಪಡಿಸಿ)
೧೪. ಬೋಧನಾ ಮಾಧ್ಯಮ	Urdu
೧೫. ಆ ವರ್ಗಕ್ಕೆ ಅಥವಾ ತರಗತಿಗೆ ಪ್ರವೇಶ ಪಡೆದ ಅಥವಾ ಬಿಟ್ಟ ಪಡೆದ ದಿನಾಂಕ	21-5-04
೧೬. ಶಾಲೆಗೆ ಬಾಕಿಯಿರುವ ಎಲ್ಲಾ ಶುಲ್ಕಗಳನ್ನು ವಿದ್ಯಾರ್ಥಿಯು ಪಾವತಿ ಮಾಡಿದ್ದಾನೆಯೇ?	22-5-04
೧೭. ಶುಲ್ಕ ವಿನಾಯಿತಿ ಯಾವುದಾದರೂ ಇದ್ದಲ್ಲಿ (ಸ್ವರೂಪ ಮತ್ತು ಅವಧಿಯನ್ನು ನಿರ್ದಿಷ್ಟಪಡಿಸಿ)	Good

HEAD MASTER

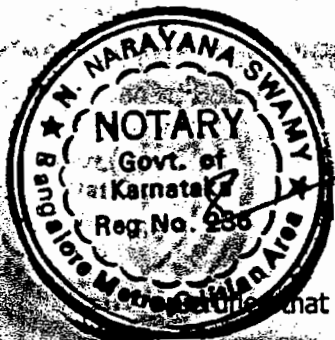
Govt. Urdu Higher Primary Boys School

ಇವು ತಂದೆ ತಾಯಿಗಳ ಅಥವಾ ಶಾಲೆಯ ಕೋಶದ ಮೇಲೆ ಈ ಪ್ರಮಾಣ ಪತ್ರವನ್ನು ಸಲ್ಲಿಸುವುದು ಕಡ್ಡಾಯವಾಗಿದೆ. ಶಾಲೆಯ ಮೇಲೆ ನಕಲು ಪ್ರತಿಗಳಿಗಾಗಿ ಕೋಶದ ಮೇಲೆ ಸಲ್ಲಿಸಿದ ಸಂದರ್ಭದಲ್ಲಿ ಪ್ರೌಢ ಮಾಧ್ಯಮಿಕ ಎಮ್‌ದೋದ್ದೇಶ ಶಾಲೆಗಳಲ್ಲಿ 25 ಪ್ರತಿಗಳನ್ನು ದೃಢವಾಗಿ ಸಂಗ್ರಹಿಸತಕ್ಕದ್ದು (ನೋಡಿ ಶಿಕ್ಷಣ ನಿಯಮ 40-49)

Transfer Certificate

TC No. 67/03-04 22.5.2004

1.	Name of the School	Govt. Urdu Higher Primary Boys School Alipur Gauribidanur Taluk, Kolar Dist.
2.	Admission No.	58 / 2001 - 02
3.	C R Card No.	
4.	Name of the Pupil	MIR ALI RAZA
5.	Sex Male	6. Nationality Indian
		7. Religion Islam Muslim
8.	Name of the Father	MIR NABI RAJA
9.	Whether the candidate belongs to Schedule Caste / Schedule Tribe - No -	10. Whether Qualified for promotion to Higher Standard - Not Qualified -
11.	Date of Birth [in figures and words]	14-10-1994 [Fourteen- Ten- Nineteen Ninety Four]
12.	Standard in which the Pupil was reading at the time of leaving the School. In words	II nd Second Standard
13.	In the case pupil of Higher Standard a. Languages Studied _____ b. Elective Studied _____	18. Scholarship if any [Nature and Period to be specified] - No - 19. Whether Medically Examined or Not - No - 20. Date of pupil last attendance at the School _____
14.	Medium of Instruction Urdu	21. Date on which the application for the Transfer Certificate was issued 21-05-2004
15.	Date of Admission or Promotion to the Class 01-06-2001	22. Date of issued Transfer Certificate 22-05-2004
16.	Whether the pupil had paid all the fees due to the School - Yes -	23. No. of School days up to the date of leaving _____ 24. No. of School days the pupil attended _____
17.	Fee concession if [Nature and Period to be specified] - No -	25. Character and Conduct Good



Sd/-

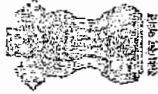
HEAD MASTER
GOVT. URDU HIGHER PRIMARY BOYS SCHOOL
ALIPUR - GAURIBIDANUR TALUK
KOLAR DIST.

that the above is a true translation and transcription of the original in Kannada and
English languages and the same is translated by me.

ATTESTED

S. A. RAZA, B.Sc., LL.B.

N. NARAYANA SWAMY, B.A., LL.B.



इसके द्वारा, भारत गणराज्य के राष्ट्रपति के नाम पर, जो इस से विनम्र
रस बात से संतुष्ट है, यह प्रस्तावित है कि वह शक्ति को विदेशी विदेशी
अपराधी से आने-जाने में, जोर देते हैं कि वह को ऐसी रक्षा और सुरक्षा प्रदान करें
जिसकी उसे आवश्यकता हो।

THESE ARE TO REQUEST AND REQUEST IS THE NAME OF THE
PRESIDENT OF THE REPUBLIC OF INDIA ALL THOSE WHOSE IT MAY
CONCERN TO ALLOW THE BEARER TO PASS FREELY WITHOUT ANY
HINDERANCE, AND TO AFFORD HIM OR HER, EVERY ASSISTANCE AND
PROTECTION OF WHICH HE OR SHE MAY STAND IN NEED.

भारत गणराज्य के राष्ट्रपति के आदेश से यह पत्र
BY ORDER OF THE PRESIDENT OF THE
REPUBLIC OF INDIA



एल. आर. सासिकुमार
L.R. SASIKUMAR

प्रति भारत अधिकारी, बंगलूर
For Passport Officer, Bangalore.

भारत गणराज्य REPUBLIC OF INDIA



प्रकार / Type	राष्ट्रिय कोड / Country Code	पासपोर्ट नं. / Passport No.
	IND	E 1053783
उपनाम / Surname	MIR	
दिए गए नाम / Given Names	ALI RAZA	
राष्ट्रियता / Nationality	लिंग / Sex	जन्म तिथि / Date of Birth
INDIAN	MALE	14.10.1994
जन्म स्थान / Place of Birth	QUM. IRAN	
जारी करने का स्थान / Place of Issue	BANGALORE	
जारी करने की तिथि / Date of Issue	वैधता की तिथि / Date of Expiry	
27.02.2002	26.02.2007	

Department of Homeland Security
U.S. Citizenship and Immigration Services

**I-765, Application for
Employment Authorization**

Do not write in this block.

Remarks	Action Block	Fee Stamp
A#		
Applicant is filing under §274a.12 _____		
<input type="checkbox"/> Application Approved. Employment Authorized / Extended (Circle One) until _____ (Date). Subject to the following conditions: _____ (Date). <input type="checkbox"/> Application Denied. <input type="checkbox"/> Failed to establish eligibility under 8 CFR 274a.12 (a) or (c). <input type="checkbox"/> Failed to establish economic necessity as required in 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)		

I am applying for: ☒ Permission to accept employment.
☐ Replacement (of lost employment authorization document)
☐ Renewal of my permission to accept employment (attach previous employment authorization document).

1. Name (Family Name in CAPS) (First) (Middle) MIR, Ali Raza	11. Have you ever before applied for employment authorization from USCIS? <input type="checkbox"/> Yes (If yes, complete below) <input checked="" type="checkbox"/> No
2. Other Names Used (Include Maiden Name) None	Which USCIS Office? _____ Date(s) _____ N/A
3. Address in the United States (Number and Street) (Apt. Number) 94 Southgate Ct.	Results (Granted or Denied - attach all documentation) N/A
(Town or City) (State/Country) (ZIP Code) San Jose, California 95138	12. Date of Last Entry into the U.S. (mm/dd/yyyy) 02/20/2004
4. Country of Citizenship/Nationality India	13. Place of Last Entry into the U.S. San Francisco, California
5. Place of Birth (Town or City) (State/Province) (Country) Qum Iran	14. Manner of Last Entry (Visitor, Student, etc.) R2
6. Date of Birth (mm/dd/yyyy) 10/14/1994	15. Current Immigration Status (Visitor, Student, etc.) R2 (Dependent of R1)/Adjustment Applicant
7. Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	16. Go to Part 2 of the Instructions, Eligibility Categories. In the space below, place the letter and number of the category you selected from the instructions (For example, (a)(8), (c)(17)(iii), etc.).
8. Marital Status <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Eligibility under 8 CFR 274a.12 (C) (9) ()
9. Social Security Number (Include all numbers you have ever used) (if any) -9095	
10. Alien Registration Number (A-Number) or I-94 Number (if any) 07185972911	

Certification.

Your Certification: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information that the U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the Instructions in Part 2 and have identified the appropriate eligibility category in Block 16.

Signature	Telephone Number	Date
	(408) 205-3055	04/25/2007

Signature of Person Preparing Form, If Other Than Above: I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Print Name	Address	Signature	Date
Zaheer Zaidi	4423 Fortran Ct., Suite 200A San Jose, CA 95134		04/25/2007

Remarks	Initial Receipt	Resubmitted	Relocated		Completed		
			Rec'd	Sent	Approved	Denied	Returned

ELIA LAW FIRM

ZAHEER ZAIDI

ATTORNEY AT LAW

510 N. First Street, # 216

San Jose, CA 95112

Tel: (408) 287-0320

Fax: (408) 287-0516

October 22, 2004

U.S. Department of Homeland Security
Bureau of Citizenship and Immigration Services
California Service Center
24000 Avila Road, 2nd Floor, Room 2302
Laguna Niguel, CA 92677

RE: Shia Association of Bay Area's Petition for Non-Immigrant
Worker for Nabi Raza Mir, Requesting an Extension of Mr.
Nabi Raza Mir's R-1 status.

Dear sir/madam:

This office represents Petitioner, Shia Association of Bay Area and Beneficiary, Nabi Raza Mir.

Please find enclosed Shia Association of Bay Area's I-129 Petition for Non-Immigrant Worker for Mr. Nabi Raza Mir as the beneficiary and I-907 Request for Premium Processing with two checks in the amount of \$185.00 and \$1,000.00.

Also, find the following in support of the petition:

- 1) Letter in support of Shia Association of Bay Area's Petition Nonimmigrant Worker for the Beneficiary Nabi Raza Mir
- 2) Copy of Constitution of Shia Association of Bay Area (SABA)
- 3) Copy of Articles of Incorporation
- 4) Names and Addresses of Board of Directors
- 5) Copy of Internal Revenue Service Tax-Exemption Letter
- 6) Copy of State of California Franchise Tax Board Tax-Exemption Letter
- 7) Copy of Tax Form 990 SABA Tax Return 2003
- 8) Copy of Sunday School Curriculum ("Unit Plans")
- 9) Copy of Rental Agreement for Sunday School Premises between SABA and

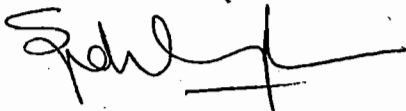
Milpitas Unified School District

- 10) Copy of checks payment to Dr. Mir from SABA
- 11) Copy of Form 1040 for Dr. Mir's Tax Return for 2003
- 12) Copy of Form 1040 for Dr. Mir's Tax Return for 2002
- 13) Copy of Residential Sub-lease Agreement between SABA and Dr. Mir
- 14) Copy of Dr. Mir's Resume
- 15) Copy of Educational Documents and English Translations
- 16) Copy of Dr. Nabi Raza Mir's Indian Passport
- 17) Copy of SABA Newsletter "Baad-e-Saba"
- 18) Copies of Weekly SABA emails
- 19) Brochure of Madrasatul Ahlul'Bait Sunday Islamic School

An expedited processing of this petition is requested.

If you have any further questions, please feel free to contact this office.

Sincerely yours

A handwritten signature in black ink, appearing to read 'Zaheer Zaidi', with a horizontal line drawn underneath the signature.

Zaheer Zaidi

4023

SHIA ASSOCIATION OF BAY AREA

2725 S WHITE RD. (408) 238-9496
SAN JOSE, CA 95148

Date

9/12/04

11-35
1210Pay to the
order of

USCIS

\$ 185 ⁰⁰/₁₀₀

one hundred eighty five

Dollars

Security Features
included.
Details on Back.

BANK OF AMERICA

SAN TOMAS INDUSTRIAL PARK BRANCH 1098 (408) 983-0588
2925 SCOTT BOULEVARD
SANTA CLARA, CA 95054

For I-129 fee for beneficiary NABI RAZA MIR

MP

⑈004023⑈ ⑆121000358⑆ 10982⑈09530⑈

4039

SHIA ASSOCIATION OF BAY AREA

2725 S WHITE RD. (408) 238-9496
SAN JOSE, CA 95148

Date

10/11/04

11-35
1210Pay to the
order of

USCIS

\$ 1000 ⁰⁰/₁₀₀

one thousand only

Dollars

Security Features
included.
Details on Back.

BANK OF AMERICA

SAN TOMAS INDUSTRIAL PARK BRANCH 1098 (408) 983-0588
2925 SCOTT BOULEVARD
SANTA CLARA, CA 95054

For I-907 fee for beneficiary NABI RAZA MIR

MP

⑈004039⑈ ⑆121000358⑆ 10982⑈09530⑈

Request for Premium Processing Service

START HERE - Please Type or Print

FOR INS USE ONLY

Part 1. Information about you. (Person or business filing this request.)

If filed on your own behalf: Individual Named in the Related Case

Family Name (Last Name) Given Name (First Name) Full Middle Name

--	--	--

If filed on behalf of a company: Company or Business Named in the Related Case

SHIA ASSOCIATION OF BAY AREA

Mailing Address: Street Number and Name / P.O. Box Number

2725 SOUTH WHITE ROAD

Name of Company Contact

Title/Position

SAJJAD MIR

PRESIDENT

City

State/Province

Zip/Postal Code

SAN JOSE

CA

95148

IRS Tax # (if any)

77-0050810

You (the person submitting this request):

- ☐ Are the person named in the relating petition/application.
☐ Work for company/business named in the relating petition or application.
☒ Are an attorney/representative.

Your Preferred Form of Communication:

☐ Mail ☐ Phone ☒ Fax ☐ e-Mail

Phone Number (Area/Country Code)

Fax Number (Area/Country Code)

(408) 287-0320

(408) 287-0516

Request Physically
Received by INS

Receipt

Date

Date

Returned

Date

Date

Resubmitted

Date

Date



To Be Completed By

Attorney or Representative, if any.
Fill in box if G-28 is attached to
represent the applicant.

ATTY State License

184749

e-Mail Address

zaheer_z@pacbell.net

Part 2. Information about request.

1. Form number of related petition or application.

I-129

2. Classification type being requested

R-1

3. Petitioner on the relating case

SHIA ASSOCIATION OF BAY AREA

4. Beneficiary on the relating case

NABI RAZA MIR

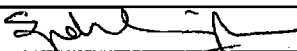
Part 3. Signature. (Read the information on penalties in the instructions before completing this section)

It is understood that if the Immigration and Naturalization Service (INS) does not issue a notice or make a request for additional evidence within 15 calendar days after this request has been physically received in the appropriate INS office, a full refund will be given to the addressee shown in Part 1 of this request.

I certify, under penalty of perjury under the laws of the United States of America, that the information provided with this request is all true and correct. I authorize the release of any information from my records which the INS needs to determine eligibility for the benefit being sought,

Signature

Title (if applicable)



Print Your Name

Date (MM/DD/YYYY)

ZAHEER ZAIDI

10/22/2004

Part 4. Signature of person preparing form if other than above. (Sign below.)

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

Signature

Print Your Name

Date

ZAHEER ZAIDI

Firm Name and Address

Daytime Phone Number (Area Code and Number)

ELIA LAW FIRM
510 N. FIRST STREET, SUITE 216, SAN JOSE, CA 95112

(408) 287-0320

START HERE - Please Type or Print

Part 1. Information about the employer filing this petition.

If the employer is an individual, use the top name line. Organizations should use the second line.

Family Name	Given Name	Middle
Company or Organization Name Shia Association of Bay Area		
Address - Attn: Sajjad Mir		
Street Number and Name 2725 South White Road		Apt. #
City San Jose	State or Province CA	
Country USA	Zip/Postal Code 95148	
IRS Tax # 77-0050810		

Part 2. Information about this Petition.

(See instructions to determine the fee).

- Requested Nonimmigrant Classification:
(write classification symbol at right)
- Basis for Classification (check one)
 - ☐ New employment
 - ☒ Continuation of previously approved employment without change
 - ☐ Change in previously approved employment
 - ☐ New concurrent employment
- Prior petition. If you checked other than "New Employment" in item 2. (above) give the most recent prior petition number for the worker(s): Visa issued at Embassy w/o a petition
- Requested Action: (check one)
 - ☐ Notify the office in Part 4 so the person(s) can obtain a visa or be admitted (NOTE: a petition is not required for an E-1, E-2, or R visa).
 - ☐ Change the person(s) status and extend their stay since they are all now in the U.S. in another status (see instructions for limitations). This is available only where you check "New Employment" in item 2, above:
 - ☒ Extend or amend the stay of the person(s) since they now hold this status.

Total number of workers in petition:
(See instructions for where more than one worker can be included.) ONE

Part 3. Information about the person(s) you are filing for.

Complete the blocks below. Use the continuation sheet to name each person included in this petition.

If an entertainment group, give their group name.

Family Name MIR	Given Name Nabi	Middle Raza
Date of Birth (Month/Day/Year) 07/10/1970	Country of Birth India	
Social Security # 615-31-8875	A # None	

If in the United States, complete the following:

Date of Arrival (Month/Day/Year) 02/15/2002	I-94 # 07185970011
Current Nonimmigrant Status R-1	Expires (Month/Day/Year) 01/01/2005

FOR INS USE ONLY

Returned	Receipt
Resubmitted	
Reloc Sent	
Reloc Rec'd	
Interviewed	
<input type="checkbox"/> Petitioner	
<input type="checkbox"/> Beneficiary	
Class: _____	
# of Workers: _____	
Priority Number: _____	
Validity Dates: From _____ To _____	
<input type="checkbox"/> Classification	
<input type="checkbox"/> Consulate/POE/PFI Notified	
At: _____	
<input type="checkbox"/> Extension Granted	
<input type="checkbox"/> COS/Extension Granted	
Partial Approval (explain)	
Action Block	
To Be Completed by	
Attorney or Representative, if any	
<input checked="" type="checkbox"/> Fill in box if G-28 is attached to represent the applicant	
VOLAG #	
ATTY State License # 184749	

Continued on back.

Part 4. Processing Information

- a. If the person named in Part 3 is outside the U.S. or a requested extension of stay or change of status cannot be granted, give the U.S. consulate or inspection facility you want notified if this petition is approved.

Type of Office (check one): ☒ Consulate ☐ Pre-flight inspection ☐ Port of Entry
Office Address (City) Chennai U.S. State or Foreign Country India
Person's Foreign Address I-K Road, Alipur, Karnataka 561224, India

- b. Does each person in this petition have a valid passport?

☐ Not required to have passport

☐ No - explain on separate paper ☒ Yes

- c. Are you filing any other petitions with this one?

☒ No

☐ Yes - How many? _____

- d. Are applications for replacement/initial I-94's being filed with this petition?

☒ No

☐ Yes - How many? _____

- e. Are applications by dependents being filed with this petition?

☐ No

☒ Yes - How many? one

- f. Is any person in this petition in exclusion or deportation proceedings?

☒ No

☐ Yes - explain on separate paper

- g. Have you ever filed an immigrant petition for any person in this petition?

☒ No

☐ Yes - explain on separate paper

- h. If you indicated you were filing a new petition in Part 2, within the past 7 years has any person in this petition:

1) ever been given the classification you are now requesting?

☐ No

☐ Yes - explain on separate paper

2) ever been denied the classification you are now requesting?

☐ No

☐ Yes - explain on separate paper

- i. If you are filing for an entertainment group, has any person in this petition not been with the group for at least 1 year?

☐ No

☐ Yes - explain on separate paper

Part 5. Basic Information about the proposed employment and employer. Attach the supplement relating to the classification you are requesting.

Job Title Resident Aalim/Head Priest

Nontechnical Description of Job Lead religious congregation, conduct religious ceremonies, provide religious leadership

Address where the person(s) will work Same as in Part 1 if different from the address in Part 1.

Is this a full-time position?

☐ No - Hours per week

☒ Yes

Wages per week Approximately \$500.00

Other Compensation

Value per week or per year

\$450.00 (App.)

Dates of intended employment

From: 01/01/2005 To: 01/01/2007

Type of Petitioner - check one: ☐ U.S. citizen or permanent resident

☒ Organization

☐ Other - explain on separate paper

Type of business: Non-profit religious organization.

Year established 1979

Current Number of Employees One

Gross Annual Income \$127,459.00

Net Annual Income

Part 6. Signature. Read the information on penalties in the instructions before completing this section.

I certify, under penalty of perjury under the laws of the United States of America, that this petition, and the evidence submitted with it, is all true and correct. If filing this on behalf of an organization, I certify that I am empowered to do so by that organization. If this petition is to extend a prior petition, I certify that the proposed employment is under the same terms and conditions as in the prior approved petition. I authorize the release of any information from my records, or from the petitioning organization's records, which the Immigration and Naturalization Service needs to determine eligibility for the benefit being sought.

Signature and Title

Print Name

Date

Sajjad Mir

President

Please Note: If you do not completely fill out this form and the required supplement, or fail to submit required documents listed in the instructions, then the person(s) filed for may not be found eligible for the requested benefit, and this petition may be denied.

Part 7. Signature of person preparing form if, other than above.

I declare that I prepared this petition at the request of the above person and it is based on all information of which I have any knowledge.

Signature

Print Name

Date

Zaheer Zaidi

10/10/2004

Firm Name and Address Elia Law Firm

510 N. First Street, Suite 216, San Jose, CA 95112

Name of person or organization filing petition:
Shia Association of Bay Area

Name of person you are filing for:
Nabi

MIR

Section 1. Complete this section if you are filing for a Q international cultural exchange alien.

I hereby certify that the participant(s) in this international cultural exchange program:

- is at least 18 years of age,
- has the ability to communicate effectively about the cultural attributes of his or her country of nationality to the American public, and has not previously been in the United States as a Q nonimmigrant unless he/she has resided and been physically present outside the U.S.
- for the immediate prior year.

I also certify that the same wages and working conditions are accorded the participants as are provided to similarly employed U.S. workers.

Petitioner's signature

Date

Section 2. Complete this section if you are filing for an R religious worker.

List the alien's, and any dependent family members, prior periods of stay in R classification in the U.S. for the last six years. Be sure to list only those periods in which the alien and/or family members were actually in the U.S. in an R classification.

Mir Nabi Raza Abedi 02/15/2002 to 01/01/2005

Syeda Gulshan Zehera 02/27/2003 to 01/01/2005

Mir Ahmed Raza 02/27/2003 to 01/01/2005

Mir Ali Raza 02/27/2003 to 01/01/2005

Describe the alien's proposed duties in the U.S.

Provide religious leadership; Act as the Spiritual Adviser of the Sunday School; Lead prayers and conduct other Islamic services, including conducting marriage and funeral ceremonies; Spread teachings of Islam according to Fiqh-e-Jafria; Be available to give speeches at all the religious gathering and functions of SABA; Provide interpretation of Islamic laws to the Board of Directors and members of SABA and the general public; Provide his opinion on adherence of all SABA corporate matters and activities to Islamic jurisprudence; Work closely with SABA Inc. Board of Directors to implement and uphold the constitution of SABA Inc.; Contribute articles in our monthly newsletter called Ba'ad-e-Saba;

Describe the alien's qualifications for the vocation or occupation.

Dr. Mir earned both his Bachelor's and Master's degrees from Qum Islamic Sciences Seminary Complex, Qum, Iran from 1986 to 1993 with Theology and Islamic Sciences as the main subjects. He also earned his Ph.D from University of Tehran, Imam-e-Sadiq Institute, Tehran, Iran, in 1995, with Islamic Theology and Philosophy as the subjects of his thesis. Besides being Resident Aalim (Head Priest) for SABA since February 2002, Dr. Mir has also served as a Resident Scholar for the Islamic Community of Tokyo, Japan, on voluntary basis from March 2000 to December 2001, while he worked there as import manager. During 1995-1998 he was the principal of the Imam Bagher Center, in Alipur, India, responsible for the overall academic performance of the seminary.

Description of the relationship between the U.S. religious organization and the organization abroad of which the alien was a member.

The U.S. religious organization, Shia Association of Bay Area is not related in any way to any of the organizations Mr. Mir has worked for other than just sharing the Shiite faith with those organizations.